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This guide for teaching health in grades kindergarten through 12, offers practical suggestions on the scope and sequence of health understandings, some experiences which children will need in developing these understandings, some ways of discovering the individual health needs and interests of children, and recommendations for the selection and use of materials and resources. Suggestions for school administrators and supervisors for establishing policies and organizing health instruction are also included. This may serve as a guide for planning in school systems which are analyzing the local needs and designing programs of instruction in health. In other schools, it may serve as a basis for evaluation of established health teaching programs. (Author/EK)

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GUIDE

**FOR THE
TEACHING OF**

health

GRADES K-12

ED024960

**SOUTH CAROLINA STATE DEPARTMENT OF EDUCATION
CYRIL B. BUSBEE, STATE SUPERINTENDENT**

1959, Revised 1968

CB 002 758

FOREWORD

As early as 1936, the State Department of Education recognized health as a major objective of education by sponsoring the preparation and publication of bulletins on health teaching in the public schools of South Carolina. Subsequent years have witnessed many advances in medical science and in education. This period has been characterized by much growth and interest in the school health program.

The first edition of *Guide for the Teaching of Health* was published in 1959 in a series of teachers' manuals. It was developed by a committee of public school and college personnel, representatives of health agencies, and staff members of the State Department of Education working under the general direction of J. C. Holler, Director, Office of General Education. Miss Maisie Bookhardt, Supervisor of Health Education, served as chairman of the committee during the four years in which the guide was being prepared and organized much of the material into its present form.

This guide has been revised in 1968 to bring scientific health information and suggested methods of teaching up to date. Supplements to the guide have also been revised as useful resources in planning the school health instruction program. We feel that this guide contains valuable suggestions for teaching health and safety in our schools. School administrators and teachers who use it as it is intended to be used—as a guide—will be able to set up a health instruction program that will contribute much to the welfare of the students. It is our hope that this guide will be of practical value to teachers, administrators, and others who have the great responsibility of helping South Carolina children and youth to gain the understandings and to develop the attitudes and practices that are important to health and safety.

We are grateful to all who had a part in the development of this guide.

CYRIL B. BUSBEE
State Superintendent of Education

ACKNOWLEDGMENTS

Foremost among the many people who contributed much time and thought to the development of the first edition of this guide, published in 1959, was the South Carolina Health Education Guide Committee. Members of this State committee were: Mrs. Helen L. Anderson, Everett T. Aultman, Alma Bentley, Lucille Bowers, S. C. Brissie, W. Clark Brockman, W. L. Carr, Mayme Colvin, W. B. Crowley, Elizabeth Davis, Nancy Jane Day, Katherine Edwards, Rex Enright, Arthur Fourier, Ella Gammage, Mrs. Hazel Gee, J. Carlisle Holler, Emily Jackson, Alfreda James, Donald Johnson, E. M. Morrow, Stella Patterson, Mrs. Sybil Payne, Minnie Lee Rowland, William B. Royster, Hilla Sheriff, M. D., Ralda Sheriff, A. M. Taylor, Lila Togneri, Velle Toney, Mrs. Edris Walker, Mrs. Justine Washington, and Frances Williams.

This group included representation from all geographic areas of the state, from teaching fields related to health, from college teaching staffs, from public schools, and from public health departments. Committee members worked over a period of four years, giving their personal time and working seriously on a project which they believed important to children and youth of the state.

Many other people contributed to the development of the guide. Teachers and administrators in some school systems evaluated sections in the early stages of development. More extensive evaluations were made in the spring of 1958 when approximately 2,000 teachers, administrators, and other school personnel read, used, and evaluated various sections. Their suggestions were valuable in making revisions for the final draft.

Consultants and specialists in health education and related areas also gave assistance in the development of the first edition of the guide. Among these were Dr. Elizabeth Avery Wilson, formerly of the American Association for Health, Physical Education and Recreation; Dr. Wallace Wesley, American Medical Association; Simon A. McNeeley, formerly of the U. S. Office of Education; Dr. Floride Moore, formerly of the University of Georgia; Mrs. Annie Ray Moore, formerly health educator, North Carolina State Department of Public Instruction; Dr. Eunice Tyler and Dr. Lucy S. Morgan of the University of North Carolina; Dr. Carl Bramlette, Jr., formerly of South Carolina Mental Health Commission; Dr. G. A. Bunch, Mary Louise Free, Dr. C. L. Guyton, William T. Linton, Dr. G. E. McDaniel, and Dr. Thomas D. Wyatt, all of South Carolina State Board of Health; and many members of the State Department of Education who are specialists in areas of the education program related to health.

The committee that assisted with the revision of the second edition of the guide began work in June of 1966 and worked intensively in reviewing the first edition and making suggestions for bringing up to date the scientific information and suggestions for methods and organization of the program. These included as many of the original committee and consultants as were available and, in addition, the following: Mrs. Emily Collum, Betty Foster, Frances Holleman, T. E. Johnston, Marthanne Limehouse, Mrs. Ruth B. McCallum, Mrs. Margaret Moses, Arthur M. Taylor, Jr., Mrs. Phebe Thomason, Edith Williams, Julia Brunson, Foster M. Routh, Helen Woods, Frances Walsh, Ann Skorupa, R. P. Armstrong, Mrs. Margaret Ehrhardt, Frances Hudgens, J. D. Kibler, Joel Taylor, R. L. Trantham, and E. M. Wiley.

Many others have also contributed to supplements to the guide which are also being revised to accompany the guide. These supplements are: *Examples of Successful Health Teaching in*

South Carolina Schools, List of Selected References in Health, and Health Services of Some South Carolina Agencies.

State agencies and associations that contributed to *Health Services of Some South Carolina Agencies*, developed especially for use in South Carolina schools, were:

State Board of Health	Tuberculosis Association
South Carolina Department of Agriculture	National Foundation—March of Dimes
Cooperative Extension Service of Clemson University	Cystic Fibrosis Chapters
State Highway Department	Mental Health Association
Vocational Rehabilitation Department	Congress of Parents and Teachers
State Department of Public Welfare	Association for Health, Physical Education, and Recreation
Department of Mental Health	Medical Association
Commission on Alcoholism	Dental Association
Commission for the Blind	Occupational Therapy Association
American Cancer Society	Hospital Association
Association for Retarded Children	Nurses' Association
Society for Crippled Children and Adults, Inc.	League for Nursing
Red Cross	Public Health Association
Heart Association	

We want to express appreciation to all those who had a part in developing and revising this book and wish that it were possible to give full acknowledgment by name to every one of the generous people who contributed their time and skill in the preparation of this guide.

**MAISIE BOOKHARDT, Chairman
State Supervisor of Health Education**

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PURPOSE OF THE GUIDE

The Guide For the Teaching of Health, Grades K-12 is designed primarily to give practical suggestions to the classroom teacher on the teaching of health. It offers suggestions on the scope and sequence of health understandings, some experiences which children will need in developing these understandings, some ways of discovering individual health needs and interests of children, and recommendations for the selection and use of materials and resources for health teaching.

The guide is designed also to give suggestions to school administrators and supervisors for establishing policies and organizing health instruction. It may serve as a guide for planning in those school systems which are analyzing the local needs and designing a program of instruction in health. In other schools it may serve as a basis for evaluation of established health teaching programs. It should be an aid to all schools for continuous evaluation in health.

This bulletin is not intended as a course of study nor a manual to be followed rigidly. It may be considered a general outline, pointing up needs and objectives but leaving sufficient latitude for local committees to plan how the suggestions and recommendations can be worked out in each situation.

It is hoped that teachers and administrators will find suggestions which will help them to develop in their pupils good attitudes and practices in health based on sound knowledge and understandings. It is hoped that through these suggestions and the use of other resources, teachers will help their pupils to develop health concepts that will enable them to adapt to new situations and discoveries in a changing environment throughout their lives.

J. C. HOLLER, Director
Office of General Education

Chapter I

PHILOSOPHY OF HEALTH TEACHING – RESPONSIBILITIES



Wise men of every generation have agreed that health is of major importance—more to be desired than wealth, success, honors. For many years our society has recognized the importance of health education and the need for working continually toward improving the health of children and youth.

Legislators have passed laws to help safeguard the health of children and adults at school; citizens in health professions have given their time and professional guidance in promoting the health of school-aged children; educators have worked toward strengthening the program in health instruction, in school health services, and in healthful living in the school environment.

It is a responsibility of the public schools to help children and youth gain the understandings and develop the attitudes necessary for following good health practices throughout their lives, since the health of the individual affects everything he does, and, in turn, everything he does affects his

health. Nationally, this responsibility was recorded in 1918 when the Commission on the Reorganization of Secondary Education of the National Education Association put health as the first of the "Cardinal Principles of Education."

More recently, the 1963 recommendations from the National Education Association Project on Instruction included health teaching among priorities for the school and recognized it as a distinctive responsibility of the school.

There are many South Carolina state laws and regulations dealing with health problems in the public school. One of these dealing with the teaching of health is as follows: "All public schools shall teach health and safety in all grades in accordance with programs approved by the State Department of Education."¹

The modern concept of health is broad, since it is built around the definition of the World Health Organization that "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

In the past, the teaching of health was usually restricted to topics related to physical health only. These were often taught by rote so that they consisted of memorized facts with little carry-over into life practices that actually benefitted the individual. Teachers and administrators today recognize that it is important to build a teaching program to keep pace with the strides of modern health science and with the needs of children and youth in a changing world. They feel, therefore, that health teaching should be based on the modern concept that health deals with physical, mental, emotional, social, and spiritual well-being and that it is the foundation of joyous, zestful, and useful living.

Even in this enlightened age, many people have not really learned the importance of healthful living. Either they do not have the information or they have not learned to put their knowledge into practice, for there are still illnesses and acci-

¹ *School Laws of South Carolina*. Issued by The State Department of Education. 1962.

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dents, often preventable, which cause suffering and hardship to the individual and loss to his community in work efficiency and responsibilities of citizenship.

A national study of health instruction in the public schools (1961-1963) summarized in *School Health Education Study, A Summary Report*,² pointed up dramatically the appalling lack of scientific health knowledge and personal health practices among a high percentage of public school students. The study, made with the cooperation of five national agencies including the National Education Association and the United States Office of Education, was designed to meet the need for current information on the nationwide status of health instruction practices in public schools.

How can needed health education experiences best be provided? In this period of rapid scientific development and social change, when the curriculum is crowded with many important educational areas, the problem is complex. In considering the answer to this question, those responsible for effective health teaching must be aware of the nature of health education. Excerpts from the *School Health Education Study* present some of these characteristics.

"Health education is multi-disciplinary in nature. Its content is largely derived from medicine, public health, and the physical, biological, and social sciences. Its scope is broad, covering such diverse areas as the nature of disease, the complexity of nutrition, effects of radiation, behavioral aspects of accident prevention, an understanding of health and medical care programs, significance of international health problems, selection of health products and services, environmental hazards in air and water, community health services, foundations of mental health, and preparation for marriage and parenthood. But, health education cannot rest on knowledge alone; it must motivate the individual toward healthful living. What is taught in the schools must be so related to the daily lives of the students that they can act intelligently in matters of health.

"The concept of health education must be broadened gradually to include an understanding of the individual's responsibility in helping solve family, community, national, and world health problems. With these wider concepts as a goal a more knowledgeable adult population should be the result, more aware of and competent to deal

with current health problems and those of future generations."

In *Teachers Contribute to Child Health*, Elsa Schneider, U. S. Office of Education, and Simon A. McNeeley have said:

"Schools *must* provide effective school health programs which include:

"Health services directed toward (1) determining individual health status, and (2) taking steps to encourage children to maintain their good health status, to have remediable disabilities corrected, to adjust to uncorrectable conditions, and to develop a positive outlook on medical, nursing, and other health services.

"Healthful school environment which makes possible and is conducive to a high level of healthful, wholesome, and safe living.

"Healthful school living which is concerned with making school a friendly, comfortable, democratic place where children and teachers live and work together in an atmosphere as free as possible from tensions, pressures, frustrations, and other unhealthful conditions.

"Health instruction which helps children learn the *why* and *how* of healthful living through experiences that make sense to them."

Guiding Principles for School Health Education



General principles to govern the health education program in the public schools are recommended as follows:

² *School Health Education, A Summary Report*. Elena M. Stiepevich, Director of the Study. 1201 Sixteenth Street, N. W., Washington, D. C., Copyright 1964.

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1. That provision be made in every school curriculum for specific health instruction for every child. This instruction should help each pupil acquire basic understandings in health that will enable him to make progress in the development of health attitudes and practices appropriate to his needs, his maturity level, his interests, his background, his past experiences, and his natural endowments.

2. That health instruction be focused on developing a personal pride in and personal responsibility for one's own health and for the health conditions in one's home, school, and community.

3. That health instruction be presented in meaningful situations in such a way that pupils with their teachers can study scientific information and make their own discoveries about healthful living, experience many varied opportunities to apply the principles they have learned, and develop concepts that will enable them to adapt to new situations and discoveries in a changing environment throughout their lives.

4. That all employees of the school be given the opportunity to see just how the responsibilities and duties of each can be used to reinforce or implement the principles of health.

Responsibilities for the School Health Program

The chief responsibility for actual instruction in health must, of necessity, be that of classroom teachers. However, they alone cannot be responsible for the total school health program. Parents have the privilege and the primary responsibility for the health of their children. Education relating to health constitutes the school's greatest contribution to the health of the community. In health education, schools need the cooperation of the home and the community. No matter how effective the instruction nor how dynamic the classroom activities, the development of desirable health habits will be extremely difficult unless the whole school, home, and community environment actively reinforces the classroom. Following are some responsibilities for the school health program:

1. It is the *responsibility of the school board* to make provision in the budget for adequate qualified personnel, for materials of instruction, for adequate classroom space and equipment for health instruction, and for maintenance of buildings and grounds in such a way as to be an effective

influence upon the development of desirable health practices.

2. It is the *responsibility of the superintendent*, as chief school officer, to interpret to the school board, parents, and community the instructional health needs and to make provision for them;

- to insure that principals and other administrative assistants make ample provision for health instruction through incidental teaching in daily living at school, through correlation with related subjects and activities, and through planned units and courses in health;

- to see that materials of instruction in health are authentic, up to date, and suitable for grade level use;

- to see that the environmental factors in various school buildings and grounds are conducive to healthful living;

- to keep in mind, in the selection of teachers, the importance of qualified instructors, able and willing to promote an effective health program;

- to provide for adequate supervision of the school health program by qualified staff.

Unless the superintendent gives his active support to the health program, it will languish.

3. It is the *responsibility of the principal*, with the cooperation of his school staff, to organize the curriculum and schedule in such a way

- that there will be adequate time for and emphasis upon health instruction;

- that time and organization for over-all school planning for health will be set up;

- that schoolwide meaningful experiences in health will be provided;

- that adequate equipment and materials of instruction will be available;

- that the physical plant and total school program will be conducive to the development of good health practices;

- that the emotional climate and spiritual tone of the whole school will promote real, all-around health.

Effectiveness of the school health program is often determined by the interest and leadership of the well-informed principal.

4. It is the *responsibility of the health education supervisor* to assist with the over-all planning and coordination of the school health program. This includes the educational implications of the program of health instruction, health services,

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and healthful school environment. These responsibilities should include

- planning with individuals and groups for health instruction in the entire school system or in the individual classroom;
- evaluating, securing, and developing needed health education literature, visual aids, and equipment to enrich the health education program;
- arranging for and assisting with in-service health education for school staff;
- working with: parents, public health departments, medical and dental associations, and others responsible for health services in determining health resources available and planning for maximum use of these resources;
- evaluating the need for additional resources and planning to secure them;
- assisting with interpretation of health services to the community and school personnel and coordinating with the school health instruction program.

As with other supervisory personnel, the health educator's program should be flexible enough to meet needs as they arise and should be planned in accordance with school policies and standards.

5. It is the *responsibility of school administrators, supervisors, and teachers* to seek the cooperation of health agencies and other health resources and to use their services effectively when they are needed.

6. It is the *responsibility of the school nurse* to serve as a resource person to those who teach basic principles of healthful living in relation to changing needs of individuals and groups. She adapts and applies information from related fields such as nutrition, safety education, medicine, psychiatry, and dentistry. She contributes to the total health education program of the school and community.

7. It is a *responsibility of the guidance counselor* to help teachers and others use such tools as the school health record in identifying pupils' possible health needs and to encourage pupils and parents to take the necessary follow-up measures. Health guidance is an important part of the school health program for the class group through health education and for the individual through counseling. Teachers, nurses, counselors, and others share these responsibilities.

8. It is the *responsibility of school administrators, supervisors, and teachers* to enlist parent participation to reinforce at home the health practices being taught the children and youth at school.

9. It is the *responsibility of all teachers* to maintain at all times a climate conducive to the development of physical, mental, and social health in the classroom and school;

- to take an active interest in developing desirable health practices in all children;
- to observe pupils for deviations from normal appearance and behavior, to recognize these deviations and bring them to the attention of the school principal, the school nurse, and the parents as the first step in seeing that children receive the health services they need;
- to follow good health practices personally.

Teachers specifically charged with health teaching should have special instruction in health or be given help in methods of teaching health in meaningful situations so that they can motivate children to develop effective health attitudes and practices.

The Teacher of Health

Many people share responsibilities for the school health program, but classroom teachers in their daily contact with boys and girls are the key persons in this program. Every teacher is a teacher of health, either directly or indirectly. Whether or not he intends to do so, he teaches what he believes about it through what he says and does.

The personality of the teacher of health is as important as his educational preparation in health sciences. An excellent teacher is not only a master of his subject and of teaching procedures, but he should be a person of warmth and kindness with the ability to gain the respect and confidence of his pupils. He should believe that health is important and should be able to challenge the interest of his pupils with suitable, vital, authoritative information presented by methods that will give them a feeling of accomplishment and satisfaction. He should be able to guide boys and girls in the choices they must make in their growth toward maturity.

In his educational preparation, the *elementary teacher* needs a broad background in many areas and is not usually a specialist in health. The basic background in health necessary to enable him to do effective health teaching should include *as a minimum* information on personal and community health and on methods and materials for teaching health to the elementary school child. He needs a sound knowledge of child growth and develop-

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ment. He should know also techniques for observation of children for deviations from the normal and he should have the skills and understandings necessary for assisting with school health services. He should be familiar with materials adopted by the state and by his school for use in the school health program.

In his educational preparation, *the high school teacher of health* should have the equivalent of a major in health education. This usually includes information on psychology of the adolescent; human biology; foods and nutrition; disease prevention and control; sanitation; community health; human relations and mental health; family living; safety, first aid, and school emergency care; alcohol education; materials and methods of health instruction; organization and administration of the school health program.

Teachers of related areas of instruction—such as science, physical education, home economics, and social studies—have in their educational training many basic courses important as background for health instruction. If interested in teaching health, they can easily add health as a second area of specialization in their educational preparation. Many teachers in South Carolina, suited in personality for effective health teaching, have not had an opportunity to get special health education in their college programs. Until such time as qualified persons are available, teachers who have been assigned to health education should seek to improve their preparation.

The Health Education Classroom

One of the most urgent needs in school health education is for suitable classroom facilities and conditions. As new school buildings are constructed and present buildings renovated, school administrators should consider a suitable classroom environment for health education. The classroom should provide opportunities for a wide variation in methods of teaching including needed materials and equipment for experiments, displays, audio-visual aids, and space for small group work. Student achievement will be more rapid and attainment higher than under situations which often allow the use of traditional classroom lecture methods only.

Planning and Organizing for Health Teaching, Grades K-12

Health instruction should be a planned part of the curriculum of every school. The initiative

for system-wide planning and evaluation is generally taken by the chief school administrator or someone to whom he has delegated this responsibility. Within each school of the system, the principal usually takes the initiative.



Administrators sometimes employ personnel to supervise and coordinate the health education program. They often appoint members of the school staff to take leadership roles and they usually welcome suggestions by other school personnel who recognize special needs or who have special interests in health. Teachers, with the active support of the principal, have often taken the initiative in promoting school health and have been the driving force behind some excellent programs.

For the best health program, it is necessary to have an over-all design for the entire school system beginning with the first year of school and continuing through the high school. The child's pre-school experiences should be taken into consideration also, and each year's program should build on previous experiences, providing a natural sequence with expanding concepts. This will prevent needless repetition at succeeding grade levels with the result that some pupils complain that they have the "same old stuff" year after year.

In the high school with departmentalized teaching, over-all planning becomes even more important. Many high school subjects such as science, physical education, home economics, or social studies are closely related to health, and textbooks on these subjects frequently contain chapters on health. Needless repetition may occur when there is lack of coordination with these related subjects. On the other hand, without over-all planning, important areas such as mental

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health may be omitted entirely from the instruction program.

It is highly desirable that there be a person employed on the school, district, or county level with responsibilities for supervision and coordination of the health education program. This staff member, who may be designated as health educator or health education supervisor, should have specialized professional preparation in health education and should also possess other desirable attributes. He should be able to work cooperatively with people, offering leadership but encouraging individual initiative and enterprise. The school administrator may wish to offer an interested member of his school staff an opportunity for training for this position if an acceptable candidate is not available otherwise. Fellowships are available from several sources for those who qualify for entrance requirements to colleges and universities offering graduate courses in health education. Suggested responsibilities of the school health educator are listed briefly in the preceding section, "Responsibilities for the School Health Program." For further detail see *Suggested Responsibilities of the School Health Education Supervisor or Coordinator*.⁴

In cases where it is not feasible to employ a supervisor at this time, it is recommended that an interested member of the school staff, who has some training in health science, be given the responsibility of coordinating the health education program in each school or system. The functions and responsibilities of the coordinator should be adjusted according to his training, experience, and capabilities. The school health coordinator may be given the responsibility for serving as leader in helping to plan and carry out a balanced program.

The coordinator in a small school may be a member of the regular school staff with full teaching duties in addition to his work as health coordinator. He may serve as chairman of a school health committee and may work chiefly through this committee.

⁴ *Suggested Responsibilities of the School Health Education Supervisor or Coordinator*. Processed. State Department of Education. 1967.

The health coordinator in a larger school system may be a teacher of health or may serve as a supervisor of health education employed to supervise and coordinate the entire school health program.

The administrator, in organizing the over-all school health program may be interested in working through a committee. He may appoint a small health committee of three or four members of the school staff with the responsibility for studying health teaching needs and for making recommendations for action. A curriculum committee composed of administrators and classroom teachers from all grade levels may be given responsibilities of surveying the needs in health and designing an adequate program to meet these needs. This committee may serve one school or all schools in a system. The committee should have the active cooperation of all school personnel.

Although over-all school planning is very important, the greatest responsibility, planning for actual classroom teaching, is the responsibility of the teacher. His planning for the class group is influenced by the over-all school plans, by the characteristics and health needs of the pupils in his class group, by the health resources and materials available to him, and by his own personality and educational background. Under the guidance of the teacher, pupils should have a part in the planning.

The teacher should make sufficient preparation and should allot sufficient time for health teaching in keeping with current health needs. Plans for health, as for other areas, should be changed and adapted as the need arises. Evaluation of the effectiveness of teaching will help to determine whether methods used are successful or need to be changed.

In health instruction, the chief concerns of the teacher, the administrator, the supervisor, and others responsible for the program are *what* to teach in health, and *when* and *how* to teach it effectively. For effective teaching, the answers to these questions must be based on the over-all objectives of health teaching and on the needs and interests of those *whom* we teach.

Chapter II

CHARACTERISTICS AND HEALTH NEEDS OF CHILDREN AND YOUTH, GRADES K-12

Health teaching, to be effective, must be based on the needs and interests of *those whom we teach*. There are many methods of identifying these needs and interests. These include the following:

1. The teacher can identify some of these needs and interests *through understanding the general characteristics of children* at various maturity levels—with implications for health teaching.
2. *Daily observations of pupils* by the teacher to detect possible deviations from normal appearance and behavior, use of cumulative school health records, and interviews with parents, the school nurse, and the guidance counselor also help to identify health needs—with implications for health teaching.
3. *Environmental conditions in the home and community* are important factors through which the teacher may discover health needs of those whom he teaches—with implications for practical health instruction.

Characteristics of Children With Implications for Teaching Health

Since learning involves change in behavior, the nature of the learner is of great importance in every learning activity. For effective health teaching, the material selected and experiences provided should be based on the needs of boys and girls. The teacher should know the characteristics of boys and girls common at a particular maturity level and also be aware of the differences of individuals within this level.

In addition to the physical needs for adequate food, clothing, and shelter, there are at least three basic psychological needs to be considered. These are the needs for a feeling of security growing out of the warm, accepting relationships in the home, the need for a feeling of belonging growing out of the accepting relationships of peers and others, and the need for a feeling of adequacy



growing out of achievement of success in satisfying experiences.

It should be kept in mind that all areas of development are interrelated and that development in one area has effects upon the development in other areas. The rate and timing of development in each varies in accordance with an individual's own pattern of growth and development. This growth and development is a continuous process, flowing from one stage into the next with much overlapping. If the individual is successful in meeting one stage of development, it is much easier to achieve the next stage satisfactorily. It should be kept in mind also that there is often a wide gap in the experiences and development of privileged and under-privileged children—both physically and culturally. However, this does not imply that all children from high economic and social levels are without problems.

Experiences provided for boys and girls should be based on current research findings in all areas of development and revision of these plans should be made when new research presents a need for change.

The charts which follow represent some of the general characteristics usually found in boys and girls of these ages with implications for health teaching.

Those Whom We Teach

PRE-SCHOOL AND KINDERGARTEN

Some Characteristics Of Children	Implications For Health Teaching
<i>Ages—5 to 6 years:</i> Large muscles of arms and legs better developed than small muscles of hands and fingers A marked activity urge; usually tires easily; fatigue may be indicated by a display of crossness Farsighted; eyeball still growing in size; hand-eye coordination incomplete Health relatively good, though subject to communicable diseases Self-centered and individualistic; independence increasing; wants to make own decisions Indifferent to cleanliness Curious, imaginative, creative, and full of rhythm Attention span short Social adjustment and learning influenced by language development Usually enjoys other children and wants to be with them Sensitive to adult approval and disapproval	<i>Provision should be made for:</i> Time to climb, jump, stretch, and run, as well as a wide variety of other activities which involve large muscles Alternation of active and quiet games, work, play, and rest Activities which do not demand quick, accurate movements; short periods of visual work; materials adjusted to this need Opportunities to carry out good health practices; to notify the teacher if he feels ill at school Opportunities to do things for self, such as putting on wraps and washing hands; experiencing success and approval of others in performing simple tasks Opportunities to practice cleanliness through daily routine Opportunities to explore, experiment, and enjoy the environment A variety of activities with frequent change Companionship of other children, which provides opportunity for expression through conversation Opportunities for play and group experiences with children of both sexes; guidance in respecting the rights and feelings of others in the group Security in the home and school; an atmosphere free from undue strain; guidance and practice in meeting everyday problems

GRADES 1-3

Some Characteristics Of Children	Implications For Health Teaching
<i>Ages—6 through 8 years:</i>	<i>Provision should be made for:</i>
Rate of growth of body as a whole slower during these years, but the large muscles still developing more rapidly than small ones	Continuing a program involving large muscles; activities on playground and in classroom; use of large sheets of paper, large pencils, crayons, and brushes for writing and creative art
Emphasis on muscular activity, speed, and energy	Guidance and protection from over-activity; frequent periods of rest, relaxation, and activities involving the whole body still needed
Daring and adventurous—this group, especially the 8-year-olds, often involved in accidents	Safety instruction, with emphasis on travel to and from school and learning and practicing correct play skills
Postural defects possible, although children generally sit and stand fairly straight	Proper seating facilities; opportunities to play running games and to use climbing and hanging apparatus
Body metabolism rate high; children comfortable at a lower room temperature than adults	Ventilation and room temperature adjusted to meet needs
Subject to the usual diseases of childhood	Protective measures such as inoculations and staying at home when ill; teacher observation for deviations from normal behavior and appearance
Respiratory ailments usually prevalent	Practice of using own towel and glass; attention to other habits of cleanliness such as handwashing, use of handkerchief tissues, and keeping objects out of mouth
Deciduous teeth being replaced; beginning to gain sixth-year molars	Proper care of teeth with emphasis on the fact that sixth-year molars deserve special attention as the first permanent teeth
Appetites good although nutritional problems may arise from tensions or from hurried meals	Promotion of good eating habits with a minimum of over-concern about child's eating habits
Tendency to worry, dawdle, and pout	Adult understanding of the child's need for encouragement, with help toward gaining self-confidence and self-control
Better understanding of self, especially among 8-year-olds, and awareness of individual differences in others	Guidance in understanding personal feelings and consideration of others in work and play

Those Whom We Teach

GRADES 4-6

Some Characteristics Of Children	Implications For Health Teaching
<i>Ages—9 through 11 years:</i> High degree of endurance, vitality, and resistance to disease In total growth a stable period, except for some who may be beginning the growth spurt preceding puberty Body build differences becoming more evident; family characteristics becoming apparent Legs and arms growing rapidly Because of eagerness, prone to accidents, especially during early part of this period Boys noisy and have an extraordinary drive for activity Expected to show increasing independence in caring for personal needs, such as the care of small wounds Growing in ability to make decisions Need to be accepted by age-mates and to gain status within own group becoming more important Toward end of this period, beginning to show some interest in opposite sex Sense of right and wrong, loyalty, and fairness becoming more evident	<i>Provision should be made for:</i> Continued emphasis on healthful living and on adequate foods for activity and growth Counseling concerning body changes, some of which may be apparent Guidance in understanding growth and development; building wholesome attitude toward acceptance of self Appropriate and sufficient physical activities to promote coordination and control in the use of the body Varied experiences under careful supervision, including training in how to handle the body—how to fall, slide, or land when jumping Opportunities to engage in a well-rounded program of physical activities Opportunities for learning how to give simple first aid Assurance that they can be treated as responsible individuals and given opportunities to make decisions, within limitations Wholesome group activities such as working on teams and committees and taking part in other group activities Opportunities for boys and girls to play and work together; guidance in choosing acceptable group activities and behavior Developing a proper sense of values

Those Whom We Teach

GRADES 7 AND 8

Some Characteristics Of Boys And Girls	Implications For Health Teaching
<i>Ages—12 through 14 years:</i> Beginning of growth spurt for some, while others are still in a period of even and stable growth Rapid growth in bone structure with slower rate of development of muscular system Girls more advanced in their height and weight development than boys and, on the average, approximately two years more mature physically Pimples and excessive perspiration becoming more evident Personal appearance becoming more important Peer acceptance and status within the group becoming very important Independent and dependent patterns of behavior confused Interest in the opposite sex increasing, especially on the part of girls Ability to reason and to see relationships between factors becoming more highly developed	<i>Provision should be made for:</i> Understanding the process of growth and body change; emphasis on individual patterns of growth and development; adequate food for rapid growth emphasized; protection of the body from preventable disease A well-rounded program of physical activities to develop body coordination and balance, with emphasis on rhythmic activities; physical activities suited to individual's abilities Suitable social and physical activities; skipping meals and indulging in food fads discouraged Understanding the causes and ways of caring for skin eruptions and excessive perspiration Developing adequate skills in good grooming and mouth health Group activities; guidance in understanding and acceptance of peers with mental or physical handicaps Guidance in developing satisfactory dependent-independent relationships with peers and adults Interaction with others on same maturity level and assistance in establishing satisfactory boy-girl relationships Investigation and experimentation, emphasizing safety measures

Those Whom We Teach

GRADES 9 AND 10

Some Characteristics Of Boys And Girls	Implications For Health Teaching
<i>Ages—14 through 16 years:</i> A period of rapid growth for some, girls usually growing more slowly after 14 years, boys growing more slowly after the fifteenth or sixteenth year; differences in rate of development, with a wide range among both boys and girls; girls on an average two years more mature than boys; most girls and boys beginning to reach sexual maturity A lively interest in own developing body; some feeling awkward and embarrassed because of increasing size, skin eruptions, and other physical characteristics; very much concerned about own physical appearance A major concern to be popular with own age group, especially with the other sex; preoccupied with social activities and social experimentations; fourteen to eighteen year-old girls tending to be more interested in boys a few years older Independent-dependent relations with classmates, parents, teachers, and other adults being established Continued development of the ability to reason and to see relationships between factors Beginning to clarify value system and very often to identify with some "ideal" adult Emerging vocational interests and economic independence becoming evident	<i>Provision should be made for:</i> Helping the pupil to understand the wide range and patterns of growth and that his pattern is normal for him; giving help in understanding and using in acceptable ways the emotional drives which parallel physical development; opportunities for the best instruction possible in skills and games with particular attention to development according to individual abilities; special emphasis on rhythmic activities Help in developing skills in good grooming; understanding causes of acne and ways of caring for the skin; special emphasis on relationships of food habits, rest, and activity to personal appearance Increasing guidance in social living and in setting standards for boy-girl relationships; assistance in accepting others in natural and wholesome ways Help in achieving satisfactory independent-dependent relationship with other pupils, parents, teachers, and other adults Participation in setting up rules and regulations to guide activities in school organizations, social activities, health practices, and safety Help in clarifying values which will contribute to emotional and spiritual well-being Help in selecting and preparing for an occupation, including information on health careers

GRADES 11 AND 12

**Some Characteristics
Of Boys And Girls**

**Implications For
Health Teaching**

Ages—16 through 18 years:

Physical maturity reached by most girls and by some boys; girls growing more slowly after 14 years and usually stopping growth before 20; boys' rate of growth slower after the fifteenth or sixteenth year, some growing slightly until 22 or 23; increased endocrine function; acne often prevalent

Interest in use of leisure time

Adjustments toward maturity in evidence; inner conflicts and heightened sensitiveness; social and family conflicts looming large in adjustments; often a conflict between loyalties to family and a deep desire for acceptability within own peer group

Continued desire for freedom of choice, personal independence, and more control over own activities

Reorganizing former ideas and beliefs and developing a philosophy of life

Continued development of the ability to reason and to see relationships between factors

Increased interest in selecting a vocation

Interest in acquiring skills and competencies for assuming civic responsibilities; growing interest in community life and eagerness to become an effective citizen

Provision should be made for:

Reviewing characteristics of physical and emotional development in relationship to the individual and to typical members of a family; understanding relationship of personal health practices to present and future health; taking part in athletics, competitive sports, and rhythmic activities

Developing interest and skills in activities that result in wise use of leisure time

Reassurance about personal adequacy and help in finding socially acceptable and personally satisfying ways of solving problems; developing capacity to make friends outside own family; assistance in further developing satisfactory boy-girl relationships; preparation for worthy home membership and for family living

Guidance in achieving satisfactory independent and dependent relationships with other adults

Opportunities to clarify ideas and beliefs through discussions in groups and through personal interviews with understanding adults

Opportunities to participate in developing rules and procedures in school organizations and activities, and to develop skills in self-evaluation

Opportunities to develop some basic skills necessary to perform the occupation selected

Opportunities for guidance in acquiring competency in evaluating community resources and needs in assuming civic responsibilities, and in developing a feeling of responsibility for community health

Those Whom We Teach

Teacher Observation of Children With Implications for Health Teaching

The teacher's daily observation of pupils in his class, his visits to their homes and conversation with parents, and use of information on health and other school records are all valuable factors in understanding the health needs of his pupils with implications for planning his health instruction program.



Children's looks and behavior tell a great deal about them. In his daily contact with boys and girls, the teacher is in a key position to observe their appearance and actions. The teacher may note the usual behavior and appearance of each child in his classroom and may become aware of deviations from the accustomed pattern which each child is following.

The teacher recognizes that, in general, well-adjusted, healthy children have an air of contentment, vigor, and interest in life. They have alert, happy facial expressions and bright, clear eyes. They have strong, well-built skeletons with a moderate padding of fat and firm, healthy-looking skin. They demonstrate good body mechanics. Their teeth are sound and well-formed. Their gums are firm and pink. Desire to move and alert response to suggestions are characteristic of their behavior.

The teacher can also recognize some evidences of the probable onset of many communicable diseases. Some of these evidences are headache, fever, flushed face, watery eyes and nose, hoarseness, cough, generalized rash, chills, nausea, and vomiting. The teacher may find more detailed information about communicable diseases in the publication entitled *Recommended School Control Measures for Communicable Diseases*, available from the South Carolina State Board of Health.

Deviations from what is normal for each child may include failure to gain in height and weight over a period of time, loss of weight and strength, or obesity. With the help of others the teacher may look for reasons why a child seems averse to normal play, seems nervous and irritable, demonstrates chronic fatigue and lassitude, does not apply himself mentally. Physical symptoms such as the following may give the teacher clues to conditions needing medical or dental attention: muscle and joint pains; repeated respiratory infections; rashes and sores; squinting, inflamed eyes; decayed teeth; spongy bleeding gums; sores at corners of mouth; lack of coordination in movement; mouth breathing; discharging ears; and enlargement of neck glands. The teacher will want to know if any of the deviations from normal may possibly be caused by present or past food habits and what dietary correction or improvement is needed.

Conferences with parents, physicians, dentists, and school nurses to discuss the teacher's observations and information recorded on school health records may contribute to correcting abnormalities or in raising the health status of children. These conferences may also aid the teacher in adjusting the school program to the pupil's needs.

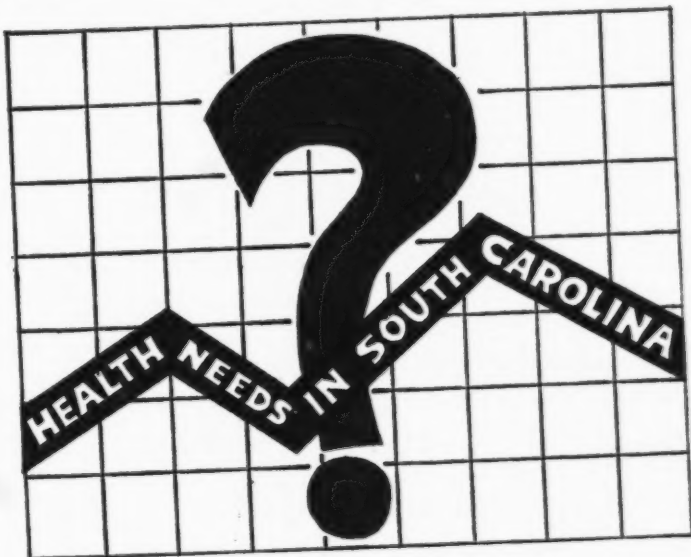
The South Carolina Cumulative School Health Record has been developed to provide for each pupil a means of recording disease and illness history; screening procedures for vision, hearing, height and weight; inoculations and special tests; teachers' observations; and appraisals by the physician and the dentist. When the health record is kept up to date and used as an aid in evaluating the health needs of the pupil, it serves as a very valuable source of information. Data from health records of the class as a whole or the entire school, when compiled and analyzed, can also indicate community trends and problems significant for needed health services and health instruction.

The teacher should be skilled in interpreting information on the health record and in techniques of observing his pupils to understand their health needs with implications for health instruction.

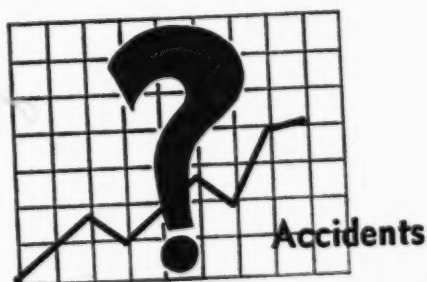
Background Information on Some Health Problems in South Carolina with Implications For Health Teaching

In planning for health instruction, administrators and teachers should know something of the health problems existing in their local com-

munities and in other parts of South Carolina, since these problems frequently point up health needs of pupils, with implications for health teaching. Problems may vary greatly in different geographic sections and between urban areas and rural communities. It is important for each school group to become informed about the health problems of the communities in which their pupils live.



Local health needs can be discovered through observation, through public health statistical reports, through community surveys, through interviews with personnel in local health departments, health specialists, private physicians, and community officials. Some of these problems promise to exist for some time to come and should have implications for health teaching. Understanding the causes and methods of prevention of many problems is essential in persuading people to accept services which may correct them and to follow measures necessary in preventing their recurrence. Statistics and statements on all health problems in this section represent information available at the time of publication of this guide.



Accidents rank fourth among causes of death in South Carolina and are the leading cause of death for children and young adults. They account for fully one-third of all deaths at the elementary school ages.

Statistics from death certificates, however, do not present the entire picture of this major health problem. Estimates based on national studies indicate that for every death due to accidents, there are four permanent disabilities and about 150 temporary disabilities lasting more than 24 hours after the accident.

Motor vehicle accidents lead the causes of accidental deaths of school aged children, followed by drownings, burns, and mishaps involving firearms. Other leading causes of injury are falls, electric current, and poisoning.

Since the first six causes mentioned above are quite well known for their accident potential, little elaboration is needed. In regard to poisoning, thousands of household and medical products now on the market are potential poison hazards. Many of them do not carry the usual poison label or warning. These include bleach, detergents, disinfectants, deodorizers, furniture polish, cosmetic lotions and creams, kerosene and insecticides, as well as aspirin, laxatives, sedatives, antihistamines, cough medicines, and other medical preparations. Even a prescribed drug may produce poisoning if not given according to instructions or if taken by a child for whom it was not prescribed.

The accidental ingestion of poisons—and all other accidents as well—are for the most part preventable. There is need for intensification of safety education both in the schoolroom and in the home.



In South Carolina, communicable diseases caused by bacteria have been brought under control in recent years to the point of minimum occurrences. Many of these diseases such as diphtheria, whooping cough, dysentery and diarrheal diseases of infants, and typhoid fever, that once produced widespread epidemics, now occur in small epidemics in limited areas where sanitation or immunization is neglected. Constant vigilance must be maintained to keep these diseases under control. Effective immunizations are available for diphtheria, whooping cough, tetanus, and typhoid fever and children should

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be advised to continue these immunizations at recommended dosages and intervals. These diseases should not again be major public health problems.

Tuberculosis is being reduced gradually through more routine tuberculin testing, drug prophylaxis, and earlier diagnosis and treatment in children.

The picture, however, is not so favorable in regard to two other bacterial diseases, syphilis and gonorrhea. Even though modern drugs are extremely effective against them, the sociological implications of these venereal diseases have resulted in alarming increases which take on epidemic proportions in certain areas of our state. More cases of venereal disease are reported to the State Board of Health every year than all other communicable diseases combined. The number of cases of infectious syphilis reported annually is three times greater than in 1960, and about a quarter of these cases is among teenagers. It has become evident that increased venereal disease education is as essential as continuing control measures by health officials to control these diseases effectively.

Except for the venereal diseases, viral diseases have replaced bacterial diseases as the major communicable disease problem. Research and possible control of viral diseases have been given marked impetus since 1948 through improved laboratory methods. The discovery of a method to grow viruses on live laboratory media has given virus studies the greatest boost. These studies have made it possible now to identify the various viruses and to develop the vaccine for poliomyelitis.

The most frequent viral disease is the common cold. A number of viruses that cause the common cold and some other upper respiratory infections have been identified and some progress has been made toward the probable development of a preventive for them.

Influenza is another viral disease for which a vaccine has been prepared and can be expected to be improved. An effective vaccine for measles is now available. A vaccine for the prevention of mumps is being perfected and one for German measles is anticipated in the near future. Smallpox is another viral disease that has been controlled effectively by means of vaccine. Smallpox vaccination, required by South Carolina law for admission to public schools in the state, is an important preventive procedure for all children and adults. This disease is still present in epidemic form in some parts of the world and, with present

modes of rapid travel, can be reintroduced into this country, as can other communicable diseases. Through the World Health Organization, provisions are made whereby all health authorities in this country are kept informed about disease outbreaks in other parts of the world if they pose a danger to the people of the United States.

Rabies and psittacosis are two diseases that are transmitted by pets. Parents should make sure that children's pets are healthy. Dogs should be inoculated against rabies to prevent spread of this disease. Psittacosis is spread by intimate association with sick psittacine birds, the most common of which are parakeets.

Malaria, a protozoan disease transmitted by mosquitoes, has been brought under control in this country and is now rare. It could, however, be reintroduced into the country from areas in the world in which it has not been controlled. Yellow fever and dengue are diseases also transmitted by mosquitoes. Yellow fever does not occur in this country and dengue occurs only rarely. Typhus fever, a disease of rodents transmitted to man by fleas, has been brought under control and occurs only rarely.

Of the several intestinal parasites, hookworm and roundworm are still prevalent enough in some sections of South Carolina to be considered a real problem. Control of hookworm is a fairly simple matter through treatment of infected persons and through improved sanitation as a preventive. Schools in those areas where hookworm is still a problem may help bring about necessary interest and information.

Major public health problems of the present and future are such chronic diseases as heart diseases, arteriosclerosis, rheumatic fever, diabetes, and cancer. Some of the more important of these diseases among school children in this area are rheumatic fever (with or without cardiac involvement), diabetes, and cancer.



Handicapping Conditions

Many children enrolled in South Carolina schools today have handicapping conditions. The teacher needs to know something about these conditions to help the handicapped child adjust to

school life. The teacher also serves as a member of the team working toward rehabilitation of these children, so that each can live within his limitations to the maximum of his ability. Teachers should be aware of the effect that abnormalities might have upon the child's emotional life. The attitudes of both teachers and pupils toward a handicapped child may influence his well-being.

Among handicapping conditions which teachers may encounter in their pupils are speech defects, hearing defects, visual defects, rheumatic fever, orthopedic and muscular crippling, other deformities, and conditions resulting from severe burns. Most cases of epilepsy can be controlled under proper treatment. Teachers should know the children who are subject to epileptic attack and should know what emergency care to give a child who might have a seizure while at school. Teachers have an important role in conditioning other children who may be present when a child has such a seizure.



Next to the family, the schools are probably the most important unit of society for the protection of mental health. A child with severe emotional disturbance is generally a poor learner even when he is above average in intelligence. Much that happens to a child in the classroom has a direct bearing on his emotional adjustment—how he sees himself and how he faces the world around him. The child who fails to learn may develop attitudes toward himself and others which may cause him to be maladjusted.

Fundamental to understanding children's behavior is the recognition that they have basic emotional needs which must be satisfied if they are to be mentally healthy. They must feel loved, secure, and important. Children lacking in these feelings are frightened or anxious. These scared feelings may lead to various forms of aggressive behavior. Such children may destroy property, fight with other children, or disobey their parents and teachers. In other instances, their feelings of anxiety may result in a withdrawal from activities or in extreme shyness.

As we become more aware of the relationship of childhood experiences to mental health and well-being, the great responsibility of the public school for promoting mental health becomes apparent. Many emotionally disturbed children may develop sufficiently well-balanced personalities for adequate and satisfying living, through understanding and wise guidance on the part of the school and home working cooperatively under medical guidance. Schools can help prevent mental illness through good health teaching which helps children and youth gain an understanding of themselves and others, increase their insights about emotions and behavior, and find acceptable, wholesome outlets for their energy and feelings.

For children whose problems are considered serious, South Carolina operates state and county mental health centers. These centers have a team of professional persons: a psychiatrist, a clinical psychologist, and a psychiatric social worker. In addition to providing direct treatment, members of the center team can often help by consulting with the teacher or administrator so that the child's behavior can be better understood and appropriate ways of providing for him in school can be planned.

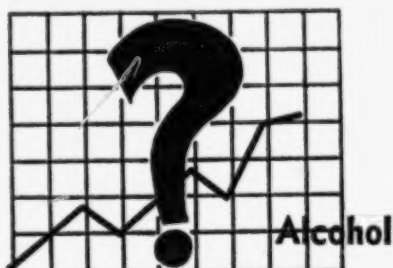


Mental retardation refers to subaverage intellectual functioning which originates during the developmental period and is associated with impairment of adaptive behavior. The child with mental retardation will manifest a slow rate of learning, inability to govern his activities, and a general immaturity. There are many causes and many degrees of mental retardation and varied approaches for training, educating, and habilitating children in this category. It is estimated that three per cent of all children are mentally retarded in varying degrees. Most of them are considered educable or trainable.

The child with mental retardation was recognized as a distinct educational responsibility by the 1954 General Assembly which passed a bill providing for the education of the educable mentally retarded. The State Department of Education is authorized to reimburse school districts for the

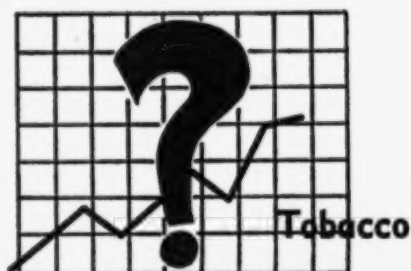
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state aid salary of teachers of the retarded. Since 1954, classes have been established in many schools for the mentally retarded who are educable (I.Q. 50-75). Since 1958, provision has been made for teaching retarded children who are trainable (I.Q. 25-50) under the jurisdiction of a local school district, reimbursed by state aid.

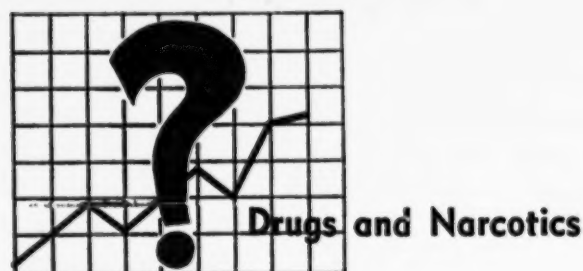


Immoderate use of alcohol often has a disrupting influence upon family life, leading to serious discord and to broken homes, which affect the health and well-being of those involved, particularly children. The number of drinking drivers involved in traffic accidents as shown by the report of the State Highway Department points up a serious safety problem. The knowledge and skills acquired by thousands of South Carolinians are being wasted by the excessive use of alcohol. There are an estimated 52,000 alcoholics in South Carolina, according to the State Commission on Alcoholism, showing that alcoholism ranks among the state's major health concerns. Alcoholism is now recognized as an illness and, through modern treatment techniques, many alcoholics are being rehabilitated and returned to productive and satisfying living.

Boys and girls attending the public schools deserve to be taught the truth about the nature and effects of alcoholic beverages as it is known today.



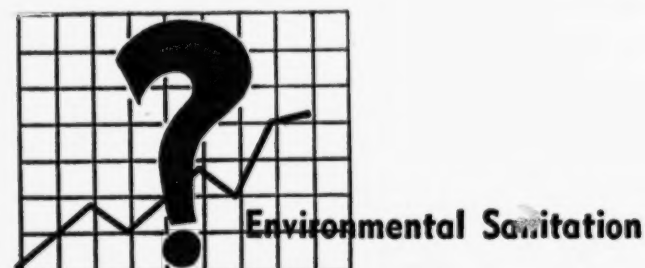
The effects of tobacco on the human body has been under intensive study and research in recent years. Evidence points toward the fact that smoking, especially for youth, has harmful effects. Teachers should encourage pupils to study current research and conclusions as a guide to action on this subject.



Drug addiction among adults appears to be a minor problem in South Carolina and practically non-existent among school pupils. However, a problem of increasing concern is the widespread use of tranquilizers, barbiturate drugs (known as "sleeping pills"), and amphetamines (known as "pep pills"), and other stimulant drugs, which can be highly habit-forming. The experimental use of hallucinogenic drugs among some groups is a national concern. Stronger controls over the availability of drugs through the Uniform Drug Abuse Act passed by the General Assembly in 1966 will help to control promiscuous use of drugs in South Carolina.

Indiscriminate use of aspirin is dangerous. More children die of aspirin poisoning than of any other single poison. Children are more susceptible to aspirin poisoning than adults. In the *Recommended Procedure for Emergency Care of Sickness and Accidents Occurring at School*,⁵ school personnel are advised that internal medication should be given only by or on order of a physician. The giving of aspirin or any other drug internally at school is not advocated as this is the responsibility of the parent or the physician.

Over-emphasizing the effects of narcotics and stimulants in discussions with school children may create undesirable reactions. Caution should be observed in this respect.



Although many incorporated towns and cities in South Carolina have adequate water purification plants and waste disposal systems, more modern and satisfactory methods of water and waste treatment are still needed. One of the

⁵ *Recommended Procedure for Emergency Care of Sickness and Accidents Occurring at School*, South Carolina Joint Health and Education Committee, 1964. Available from South Carolina State Department of Education.

most pressing recent problems in South Carolina has been provision of adequate water supplies, sewage disposal systems, and garbage collection within the areas adjacent to existing municipalities where there has been a large influx of population. Numerous residents, particularly in rural areas, still have unprotected individual water supplies and improper methods of waste disposal. Many South Carolinians live in substandard housing not meeting basic sanitary requirements. This problem involves community planning which should result in establishing and putting into effect local housing standards.

Industrial development will entail continued study and investigation leading to the treatment of industrial wastes in such a manner that the introduction of such wastes into the streams of South Carolina will not damage the environment or its inhabitants.

Dairying has become a big industry in South Carolina. The health problem involved has become more acute in proportion to the advancement that this industry has made. Milk produced from healthy herds in clean dairies, processed in pasteurization plants subject to rigid requirements must continue to be the subject of intense inspection and control procedures, in order to assure the public Grade A pasteurized milk.

Food production and processing are of vital concern in providing South Carolinians with safe food. There has been a tremendous increase in the number of food dispensing machines, salad kitchens, abattoirs, freezer locker plants, restaurants, drive-ins, soda fountains, meat markets, and sandwich kitchens. It appears that this increase will continue in the immediate future. Retail food and food processing, too, will require intense inspection and control procedure to help protect the public health.

The nature and scope of health problems related to indiscriminate application of herbicides and insecticides may not be determined without more research, including testing the results on human beings. The public should be made aware of the need for caution in the use of these materials.

A pressing problem in the years ahead will be in monitoring and controlling the use of radioactive materials. The human race has always been exposed to ionizing radiation of cosmic origin and from natural sources in the environment and within the body. Today, however, background radiation represents only one of many sources to which man is exposed. Radiation-gen-

erating machines and radioactive materials, which are present in nearly all phases of the environment, constitute the principal man-made sources.

The use of x-ray machines is finding widespread application in industry, medicine, commerce, and research. Radionuclides occurring naturally and produced artificially may be or may become hazardous sources of exposure. Nuclear reactor operations present a potential radiation exposure source. Weapon tests result in a wide distribution of radioactivity over the United States. To keep pace with the expanding uses of nuclear energy, public health personnel must cope with many potential radiation hazards. In the light of the generally accepted position that "any radiation exposure is potentially damaging," this is a most perplexing and important task.

The question of air pollution which appears to be mounting in significance, justifies expanded interest and activity leading toward the control of carbon monoxide and other toxicants discharged into the air.

Environmental sanitation is an important factor in the health of the school-aged child. The child's health is dependent upon his total environment, which includes his home, his school, and his community. The teacher may utilize effectively many of these problem areas in his health instruction.

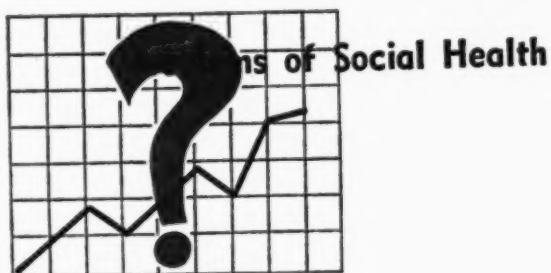


The most prevalent dental health problem among school children in South Carolina today is dental caries. Recent surveys indicate that at least 90 percent of our school population have one or more decayed teeth. The first permanent molar teeth are erroneously believed by many people to be deciduous teeth and are often neglected during early years. This is of major concern because these teeth control the formation of the dental arch. These conditions exist largely due to lack of authoritative dental education, proper personal and professional dental attention, training in the homes and schools, indifference, improper diet, and the extreme shortage of dental personnel in South Carolina.

The best practical recommendation for the development and maintenance of good dental health,

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in addition to routine dental care, is a well-balanced diet composed of liberal amounts of each of the basic food categories. Sticky, high carbohydrate foods are not desirable. Fluoridation of the municipal water supply is the most effective method of preventing dental caries. Some waters already have the recommended amounts of fluoride in a natural state. Where the water supply is not fluoridated, the application of fluoride to the teeth, beginning with children around three years of age and repeated at recommended intervals until the permanent teeth are in place, helps to prevent tooth decay. Through effective motivation of children to practice good mouth health rules, to eat the right foods, and to secure early and regular dental care, the teacher may make a real contribution in alleviating dental problems.



Increased attention in the schools to problems of social health is urgently needed. Though these issues are nationwide, in South Carolina the facts speak for themselves. There are more than 7,000 illegitimate births every year, about one out of every eight. Over 200 babies a year are born to girls 14 or under, and about 2,000 more to mothers who are 15 or 16 years of age, about half of whom are illegitimate. (Figures obtained from data supplied by Bureau of Vital Statistics, South Carolina State Board of Health, based on 1960-65 averages.) Marriages are occurring more frequently at younger ages and divorce rates are reflecting corresponding increases, with the greatest number of divorces in the teenage bracket. Social diseases are on the increase. Juvenile delinquency, rebellion against authority, and breakdown of traditional family patterns are occurring more frequently.

Today it is not enough to teach health simply by dealing with the physiological aspects of disease or environmental problems. In its battle against disease, medicine has moved from emphasis upon treatment to prevention and to an intensive promotion of positive health. We are faced with the necessity of keeping pace by stressing the sociological, as well as physiological,

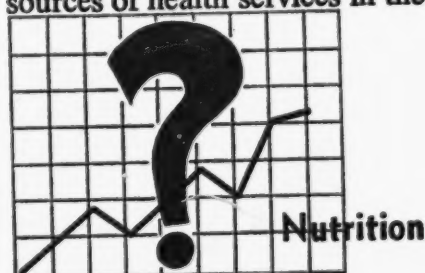
aspects of disease and health. Thus students will be informed both as to the nature of a problem and how society copes with it.

Misconceptions and misinformation about these topics should be counteracted, and parental instruction should be supplemented. Sound information today will help these young people later educate their own children more effectively.



Consumer education includes evaluation of health advertising and other information, choice of health products and health services, knowing organizations and agencies protecting the consumer, and individual and community responsibilities in regard to consumer health. People are often informed enough to be concerned about health but not enough to choose services and products wisely. They are confronted with a multitude of attractively packaged and well advertised health products and services, often misrepresented and sometimes fraudulent. Among other products, the increasing number of highly refined and processed foods add to the difficulty of wise selection. This has increased with the use of television and other mass media in advertising.

Developing the ability to evaluate a health service or product critically begins early in life. Health education contributes to this skill by giving the adequate health information, by identifying legitimate sources of services and products, and by helping the pupil develop a responsible attitude toward becoming an intelligent health consumer. *Health Services of Some South Carolina Agencies*⁶ serves as a guide to some reliable sources of health services in the state.



The nutritional and health status of a child is dependent not only upon his present food and

⁶ *Health Services of Some South Carolina Agencies*. South Carolina State Department of Education. 1968.

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other health habits but also upon his past. He is what he is because of his heredity and environment. It has been said that food is one of the greatest environmental factors, including the food consumed in childhood, in infancy, and in utero. Nutritional status influences mental and physical growth and development, achievement, emotional stamina, resistance to disease, the occurrence of chronic diseases in later years, the length of prime of life, and longevity. The child's behavior and appearance are greatly influenced by his food habits. (See "Teacher's Observation", *South Carolina Cumulative Health Record*.) Such factors as weight, posture, skeletal development, fatigue, restlessness, inattention, condition of skin, hair, and eyes may be closely related to his food habits.

Overweight, as well as underweight, is an indication of poor food habits. Just because a child is overly plump does not mean that he is getting all the nutrients essential for growth and development. It is important that obesity be avoided in childhood and adolescence. Studies⁷ indicate that 40% of overweight adolescent boys and 80% of overweight girls become overweight adults. Overeating and limited physical activity are the usual causes of obesity. Overweight is associated with heart disease, diabetes, and other chronic conditions in later life. Studies made in other states show that poor food habits are more common among teenage girls than among boys. Some girls, who feel they are overweight, adopt poor food habits in their attempts to control their weight through diet, but lack the necessary knowledge to select diets and do not have adequate nutritional guidance. It is important that girls and young women be in a good state of nutrition not only because of their own health but also because of the influence on their future progeny.

It has been said that maternal and infant death rates serve as an index to the nutritional status of a population. South Carolina has made tremendous strides in reducing maternal and infant deaths; however, only one state in the nation has a higher maternal death rate and two states have higher infant death rates than does South Carolina according to 1962 figures.

During recent years, under-nutrition, including nutritional anemia, has been found in a high percentage of young children from low socio economic families. It is felt that some children in South Carolina do not reach their mental or physical growth potential because of poor nutrition during their early years. Many families lack

the knowledge and resources to provide adequate food for their children. Some parents, especially in industrial areas, work at night and are not able to give adequate supervision to meals which their children eat at home. Those who skip breakfast seldom make up for the loss during the day. Nutritional anemia and poor teeth are frequently found among young children. Calcium, Vitamin A, and ascorbic acids are nutrients most likely to be low in family food patterns in South Carolina.

There is great variation in the food habits of families from different communities and cultural backgrounds. High economic levels do not necessarily guarantee good food habits. Many children have much freedom of choice and large amounts of "spending money" for extra foods. Their knowledge and judgement are often not in keeping with their latitude of choices.

The great varieties of foods and the ever increasing number of processed foods on the market make wise selection more difficult. Some highly-processed foods may provide high energy without providing essential nutrients such as protein, minerals, and vitamins. Another present-day problem is the inability of some to evaluate the vast amount of advertising, information, misinformation, and claims about foods and food supplements.

Rural families especially can improve their food supply and family health by producing and conserving food for family use. A family garden, home canned and frozen foods, home produced meat and eggs add to variety of meals and enjoyment by the family, as well as to nutritive value. Children need to develop an appreciation of valuable foods such as greens, sweet potatoes, tomatoes, melons, field peas, and other vegetables and fruits that are easily produced in South Carolina.

South Carolina has provided national and international leadership in the enrichment of refined foods. Methods for enriching grits and rice were developed at Clemson University. The enrichment program has been of particular value to low-income families who derive a large proportion of their calories from grain products. It is important that the homemaker refrain from washing enriched rice and grits so as to save the minerals and vitamins that have been added in these products. South Carolina was also the first state to require the fortification of margarine. Research in food preservation is also being conducted in South Carolina.

⁷ "Proceedings of Nutrition Education Conference", Dr. Felix Heald, U.S.D.A., Misc. Publication No. 913.

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More emphasis is being given to the nutrition of low-income families and for the provision of the school lunch and breakfast programs. South Carolina is outstanding in the nation as to the number of children who participate in the school food service, though there is need for further increasing this number. Increasing numbers of schools are participating in breakfast and special milk programs, which particularly benefit children from families having inadequate food at home. Authorities recommend that at least 30 minutes, which includes time for hand-washing, be allowed for the lunch period so that children may be served and have time to eat in an unhurried manner. This practice is being followed in an increasing number of schools.

Most school administrators recognize the fact that the sale of non-essential foods such as soft drinks and candies at school interferes with the pupil's participation in the more nutritious lunch program. Some non-essential foods provide cal-

ories and temporarily satisfy a child's appetite but do not provide the necessary nutrients for growth and health. The purchase and consumption of such foods is extravagant in a monetary way and is harmful to the child's health.

Since food habits vary considerably from community to community, it is hoped that each teacher will learn the special needs of his pupils. Some teachers conduct food-habit studies which serve as a basis for the nutrition education program. Teachers should recognize that children's food habits depend upon the environment in which they live, their knowledge of good food practices, and their motivation for following such practices. They must also recognize that there is often a wide gap between knowledge of nutrition and the application to day-by-day food habits. Studies show, however, that progress is taking place in nutrition in South Carolina and that education is an important factor in establishing good eating patterns.



Chapter III

SUGGESTED EXPERIENCES AND UNDERSTANDINGS

GRADES K-12

What to teach in health, what experiences and understandings to offer, should be influenced by the over-all objectives of health teaching; the over-all scope and sequence of health teaching in the school; the choice of specific experiences and understandings for different grade levels; and the opportunities that pupils have to develop health concepts that will enable them to evaluate and adapt to new situations and health discoveries.

Health Concepts

"Health education, like many other academic fields, has turned to the concept-oriented approach in curriculum planning and development. A concept refers to an idea, a stable impression, a meaning, or a thought held by the individual. Concepts provide a needed framework for knowledge and for thinking, both necessary aspects of health education. They range from ideas about simple things to high level abstractions

"Under the concept approach, the student arrives at his own health concepts through an active thinking process. The concepts become internalized, hence they are meaningful

"The basic concepts and the mental experiences necessary to grasp and use them constitute the threads of the curriculum. Since a concept is an internal possession of an individual, it must be derived from the individual's experience.

"Concepts become clearer as students are given opportunities:

- To study health problems that directly affect them.
- To assess their own values and the values of others in health areas.

- To develop and apply evaluative attitudes toward the advertising of health services and products and to acquire the ability to recognize quackery.
- To develop a sense of responsibility for personal, family and community health.

"Thus health education becomes an *applied* science, concerned with man's understanding of himself in relation to health matters in a changing world. Health concepts apply to living."⁸

This *Guide for the Teaching of Health* is developed in accordance with the concept-oriented approach to health teaching. The philosophy, the understandings, suggested experiences, and the methods of teaching are all planned to help the pupil to develop basic concepts that will aid him in working toward the objectives for the health educated individual.

Objectives of Health Teaching, Grades K-12

Health teaching during the school years should be based on objectives toward which to work for the development of the mature individual in personal health, in family health, and in community health. Though no individual achieves the ultimate in some of these health objectives, each individual develops values. As he grows in maturity—physically, mentally, socially, and spiritually—he should progress toward the attainment of these goals to his greatest potential. From these over-all goals are derived the *What to Teach* in

⁸ *Health Concepts, Guides for Health Instruction.* American Association for Health, Physical Education, and Recreation. 1201 Sixteenth Street, N.W., Washington, D. C. 20036.

What to Teach in Health, Grades K-12

the different grades. Grade-level objectives are adapted to the characteristics of the children according to their developmental level, their environmental background, and their individual needs and interests. In the school years, beginning with his first school experiences and continuing throughout his school life, the individual should work toward the following over-all objectives:

I. In personal health

1. He develops an increasing understanding of his growth and development.
2. He appreciates and develops an increasing understanding of his body and in his daily living takes pride in its care.
He seeks and uses health information from current and reliable sources, recognizing that the study of healthful living is a life long challenge.
4. He accepts the inter-relationship of physical, mental, emotional, social, and spiritual well-being.
5. He understands that food, play, activity, rest, and sleep are important factors in his growth and well-being.
6. He feels and accepts increasing responsibility for his own health and makes wise decisions regarding his health.
He is aware of and uses preventive and protective health measures.
8. He feels and accepts responsibility for his own safety and the safety of others.
9. He becomes acquainted with scientific information on the nature, use, and effects of alcohol, tobacco, and habit-forming drugs on his health and social activities and he makes wise decisions regarding their use.
10. He enjoys wholesome and satisfying activities in connection with his work and his free time.
11. He accepts himself with his capabilities and limitations, developing his capabilities and adjusting to his limitations.
12. He develops spiritual values which enhance the quality of his daily living.

13. He grows in understanding and acceptance of others.

II. In family health

1. He grows in understanding of factors that make a good home and healthful family living.
2. He grows in understanding of family health problems and assists in working toward their solution.
3. He becomes increasingly aware of the health needs of individual members of the family and does his part to keep the family healthy.
4. He grows in understanding and acceptance of the fact that health handicaps of a family member affect different families in different ways.
5. He helps to maintain a safe and sanitary home environment.
6. He grows in understanding of his responsibilities as a family member and adjusts to a changing role and relationship in the family group as he grows and develops, looking toward the time when he will have major family responsibilities.

III. In community health

1. He works toward keeping himself informed about current health conditions in his own community.
2. He gains increasing knowledge about health resources which serve his community and uses those services which he needs.
3. He grows in understanding of ways of working cooperatively to solve community health problems and actively participates in securing health facilities and services.
4. He increasingly accepts his share of responsibility for the health and safety of his community.
5. He has an increasing interest in current state, national, and international health needs, problems, and resources.

What to Teach in Health, Grades K-12

Suggested Scope and Sequence of Health Teaching, Grades K-12

The purpose of the scope and sequence charts on the following pages is to give a brief overview of important areas suggested for the teaching of health in all grades. This material is organized in sections: Grades K-3, Grades 4-6, Grade 7 or 8, Grade 9 or 10, and Grade 11 or 12. The three major areas are *personal health*, *family health*, and *community health*. Personal health is stressed through grade 10 and family and community health are emphasized in grades 11 and 12. Many of the topics listed under these three major headings are repeated on a progressive basis and from a more mature view point in the higher grades.

Topics listed in the "Scope and Sequence of Health Teaching," are further expanded and developed in the grade level sections of Chapter III, giving suggested experiences and understandings for pupils and suggested approaches to the subject for teachers.

No attempt has been made to suggest a scope and sequence for each grade level of the elementary school. Since health needs vary in different schools and communities, it seems practical to suggest broad guidelines, leaving to each school the responsibility for selecting specific points of emphasis for each grade.

Each school should adapt the scope and sequence for that school. Each teacher should make a more detailed plan for use in his own class. It is suggested that individual teachers, administrators, and planning groups determine the special points of emphasis for each grade for sections K-3 and 4-6. Differences in emphasis from grade to grade will help the teacher to "step up" and vary his teaching on a given topic from year to year.

The problem in the secondary schools is not so much in choosing points of emphasis as in selecting areas of work and in determining how they will be incorporated in the school program.

Later in this chapter are suggested work sheets for planning and recording information for individual school systems and for individual classes. Copies of these forms adapted for school use may be mimeographed by the school and made available to teachers as work sheets for the school year.

The charts on pages 31 and 32 "Scope and Sequence of Health Teaching" outline briefly the topics from which the remainder of Chapter III "What to Teach in Health, Grades K-12" is developed.

What to Teach in Health, Grades K-6

SCOPE AND SEQUENCE OF HEALTH TEACHING

Grades K-3	Grades 4-6
I. <i>Personal health</i> A. Use of facilities at school B. Habits of cleanliness C. Suitable clothing D. Routines for health E. Food practices and attitudes F. Physical activity and rest G. Disease prevention and control H. Care of the body I. Physical growth and development J. Mental and social health K. Safety	I. <i>Personal health</i> A. Use of facilities B. Cleanliness and grooming C. Clothing D. Foods and nutrition E. Physical activity and rest F. Disease prevention and control G. Care of the body H. Physical growth and development I. Mental and social health J. Safety
II. <i>Family health</i> A. The child's help in the family B. Family inter-relationships	II. <i>Family health</i> A. Responsibilities as a family member B. Healthful home environment
III. <i>Community health</i> A. Community helpers in health and safety B. The child's part in community health	III. <i>Community health</i> A. The individual's responsibilities for community health B. Community health services

What to Teach in Health, Grades 7-12

SCOPE AND SEQUENCE OF HEALTH TEACHING

Grade 7 or 8	Grade 9 or 10	Grade 11 or 12
I. <i>Personal health</i> A. Physical growth and development—growing up B. Structure and functions of the body C. Care of the body in preventive and protective health measures D. Effects of some diseases on the body E. Effects of alcohol, tobacco, and narcotics on the body F. Foods for nutritional needs of the body G. The relationship of physical and mental health in growth and development	I. <i>Personal health</i> A. Sources of health information B. Disease control C. Personality development D. Personal appearance in relationship to personality E. Relationship of personality to the use and abuse of beverage alcohol F. Use of leisure time in personality development G. Choices of vocations in health H. Safety attitudes and first aid procedures	
		II. <i>Family health</i> A. Family relationships influencing health B. Clothing and foods for health of the family C. Healthful and safe home environment D. Health protection and emergency care for the family E. Preparation for family living
		III. <i>Community health</i> A. Community health needs and problems B. Community health and safety services

What to Teach in Health, Grades K-6

To the School Administrator and Supervisory Staff of Grades K-6

What to Teach in Health, Grades K-6, is divided into two parts, Grades K-3 and Grades 4-6. Since suggestions in each part include several grades, it will be necessary for teachers to select topics for emphasis at each grade level.

The leadership of the principal and supervisory staff are essential in devising plans for meetings of teachers or in making some other practical arrangement for coordination. Coordination may be encouraged by making available to each teacher copies of the "Suggested Planning and Record Work Sheet for Individual Grade" and arranging

for exchange of information among teachers through plans and reports entered on these forms. Copies of these forms which introduce each section may be mimeographed for this use.

The administrator and the supervisory staff can also promote effective health teaching by providing interesting, appropriate materials of instruction and by recommending a time for health teaching in the daily schedule. In addition, the environment at school, daily routines, and special activities should support and encourage good health practices.

To the Teachers of Grades K-3

The major emphasis in health instruction in the kindergarten and primary grades should be upon developing desirable health habits and attitudes consistent with the maturity level of children of this age group.

Health as such has little meaning for young children except as it helps them to meet their immediate needs. It should be taught in a very informal way as a part of living, working, and playing at school and should be focused on situations which children encounter. Health teaching should fit into the flexible schedule of the primary grades. While much teaching will occur as the situation demands, the teacher should be sensitive to children's needs and should provide stimulating conditions for meeting them. An environment, both physical and emotional, should be planned to give children many opportunities to develop desirable habits and attitudes. The teaching should be adjusted to the changing needs and interests of children. Recognizing these needs with their implications for health instruction will help teachers to set goals and to follow procedures which will result in the most effective learning. In this section, goals for health teaching in grades K-3 encourage continuing experiences and developing understandings. The kindergarten and first grade teachers should choose from these goals those which are suited to the needs and interests of these grades. Second and third grade teachers should build on the work of the preceding years, review sufficiently to establish good practices begun earlier, and introduce new concepts to challenge interest as the children grow and develop.

Copies of the suggested planning and record work sheet on the following page, or forms de-

veloped by the school, may be used by teachers in setting up plans and recording information for individual grades, including points of emphasis.

For example, the kindergarten teacher might emphasize such typical everyday activities as *helping at home, dressing for a rainy day, going to bed, having a medical checkup, enjoying rhythmic and dramatic play*. The teaching can be done through pictures and conversations about them, stories, poems, songs, activities, and actual daily life at school. Though no health textbooks for kindergarten are yet adopted, excellent teaching aids are available at this level.

For grade one, five points of emphasis chosen for the year might be *how to use facilities at school; morning, evening, and school routines; enjoyment of a variety of foods; safety practices in traveling to and from school and at play; and, adjustment to school living*.

The second grade teacher might stress *habits of cleanliness; care of the teeth; willingness to try unfamiliar foods; alternate periods of rest with periods of activity; safety in traveling to and from school and at play; and health and safety helpers*.

The third grade teacher might emphasize *suitable clothing for temperature and other weather conditions; care of the eyes and ears; greater variety of foods and identification of foods as vegetables, fruits, cereals, and others; enjoyment of games; safety practices at home, in the community, during holidays, and in recreation; and consideration for family members in the home*. These or other points of emphasis can be fitted into the proper spaces in the work sheet along with special activities and materials for grades K-3.

What to Teach in Health, Grades K-3

SUGGESTED PLANNING AND RECORD WORK SHEET

(Copies of this page should be made available to each teacher of grades K-3)

Grades K-3 Grade _____, Year _____, Teacher _____

Scope as Outlined in Guide	Points of Emphasis	Special Activities	Special Materials
I. Personal health			
A. Use of facilities at school			
1. Drinking fountain			
2. Rest rooms			
3. School cafeteria			
4. Playground			
5. Health service unit			
B. Habits of cleanliness			
C. Suitable clothing			
D. Routines for health			
E. Food practices and attitudes			
F. Physical activity and rest			
1. Physical activity			
2. Rest			
3. Sleep			
G. Disease prevention and control			
H. Care of the body			
1. Care of the eyes, ears, nose, and throat			
2. Care of the teeth			
I. Physical growth and development			
J. Mental and social health			
K. Safety			
1. In travel			
2. At school			
3. At play			
4. At home			
II. Family health			
A. Child's help in the family			
B. Family inter-relationships			
III. Community health			
A. Community helpers in health and safety			
B. The child's part in community health			

What to Teach in Health, Grades K-3

SUGGESTED EXPERIENCES AND UNDERSTANDINGS, GRADES, K-3

I. Personal health

A. Use of facilities at school

Teachers on every grade level have the responsibility to see that children practice healthful living at school. The kindergarten or first grade teacher has the unique responsibility for teaching children how to use facilities provided at school and for



guiding them in their use until desirable habits have been established. Second and third grade teachers continue to help children to assume responsibility for their own health practices. Experiences for children in healthful living at school should include the use of such facilities as:

1. Drinking fountain

- a. Keeping mouth off fountain when drinking water
- b. Avoiding pushing person who is drinking

2. Rest room

- a. Helping to keep rest rooms clean and neat
- b. Learning to use toilets and urinals in a sanitary way
- c. Flushing toilets after use
- d. Learning that objects and paper other than tissue should never be put into toilet bowls
- e. Learning to use hand washing facilities by washing hands under a running stream rather than using water in the bowl

3. School cafeteria

- a. Learning to handle eating utensils and food so as to help in keeping cafeteria clean
- b. Learning that children should not go in and out of the cafeteria kitchen while food is being prepared unless especially authorized to do so

4. Playground

- a. Learning where to play on the school ground
- b. Learning to use playground facilities and equipment

5. Health service unit

- a. Learning that health service unit facilities should be used only under supervision of an adult
- b. Learning that first aid supplies should be used under the supervision of an adult

B. Habits of cleanliness

It is also the responsibility of the teacher to help children to grow in understanding the need for cleanliness in helping to promote personal comfort, to prevent disease, to gain group approval, and to develop self-respect. Children should learn to develop routine cleanliness procedures. Experiences in learning to establish habits of cleanliness should include:

1. Washing hands with soap and water

- a. Before eating or handling food
- b. After going to the toilet
- c. After play
- d. After cleaning the nose
- e. After handling pets

2. Washing face and hands, brushing teeth, keeping nails clean, brushing hair, dressing in clean clothes upon arising each day

3. Developing the habit of self-inspection at home and at school

C. Suitable clothing

Children should be helped to understand the need for wearing clothing that is properly fitted, appropriate to the occasion, and also suitable for temperature and

What to Teach in Health, Grades K-3

weather conditions. Experiences in this area should include:

1. Wearing clothing and shoes that are clean, comfortable, and appropriate to weather and occasion
2. Wearing socks and shoes that are properly fitted
3. Changing wet shoes and clothing, removing heavy clothing and overshoes when indoors, and wearing wraps when going out in cold weather
4. Keeping up with their clothes and keeping coats, hats, and overshoes in spaces provided for them

D. Routines for health

Teachers can help children to learn to establish routines for health in their daily living at home and at school. When children go to school in the fall, they probably do not have habits of elimination which fit comfortably into the school schedule. The teacher should help children to feel at ease about meeting these needs at all times and should help them build regular habits of elimination. Experiences for establishing routine practices should include:

1. Making plans for good morning procedures including getting up early enough to go to the toilet, bathing face and hands, brushing the teeth, dressing in clean clothes, brushing hair, and eating a good breakfast
2. Making plans for good evening routines including taking a tub bath or shower, dressing in clean night clothes, going to the toilet, and brushing the teeth
3. Learning to use appropriate vocabulary for expressing personal needs

E. Food practices and attitudes



The child should learn good food habits and attitudes as they affect his growth. The emphasis in nutrition should be on learning to enjoy a variety of foods and forming the habit of looking on mealtime as a pleasant experience. The teacher should keep in mind, however, that food patterns of different income levels and ethnic groups vary. The skillful teacher or counselor recognizes the good features of each group and refrains from superimposing his own food patterns upon others. Motivations such as giving prizes or having clean plate clubs are undesirable and should be replaced by more natural practices. Experiences and understandings in foods and nutrition should include:

1. Learning to observe good eating habits such as chewing food well, tasting some of everything on the plate, and eating in a leisurely manner without dawdling
2. Developing the habit of eating wholesome meals at regular hours



What to Teach in Health, Grades K-3

3. Learning that eating and enjoying an adequate breakfast is important
4. Understanding that milk is important to the health and growth of most children and adults
5. Understanding the place of desserts and sweets in the diet
6. Learning that drinking water is essential to good health
7. Developing an interest in unfamiliar foods and learning to like them

F. Physical activity and rest

In young children the desire for activity is a basic need. It is important that provision be made during the school day for frequent opportunities to engage in vigorous activity of the large muscles. However, children in the early grades tire easily and need to rest often. A proper balance of work, rest, and play is desirable at all levels. It is important that children learn the value of outdoor play and that they learn many games, both active and quiet, to play during their free time. Experience in these areas should include:

1. Physical activity
 - a. Participating in a variety of games, rhythms, and free activity including running, jumping, and climbing
 - b. Participating in a variety of quiet indoor activities
2. Rest
 - a. Learning that rest and relaxation periods are needed during the day, both at home and at school, especially after vigorous exercise and after meals
 - b. Learning that rest is important during and after illness and observing this practice when returning to school
3. Sleep
 - a. Learning to observe good sleeping habits—regular bedtime habits and to avoid over-excitement just before bedtime
 - b. Learning to get an adequate amount of sleep under desirable conditions

G. Disease prevention and control

In teaching disease prevention and control, emphasis should be placed on establishing good habits which will help to keep people



well and happy. The teacher should try to avoid any possibility of frightening children or of creating anxieties in them about disease and illness. The child should develop confidence in his family physician, dentist, and nurses as protectors of health and should be taught to think of them as friends. Experiences that will help to prevent and control disease include:

1. Washing hands before eating and after going to the toilet
2. Washing vegetables and fruits before eating them
3. Washing the hands before handling foods
4. Keeping their hands, pencils, and other articles from the mouth
5. Washing hands after handling pets
6. Using their own glass or cup
7. Avoiding eating or drinking after others
8. Avoiding sharing whistles, balloons, and other toys that come in contact with the mouth
9. Keeping flies and other insects off food
10. Learning how to keep food clean, keeping it wrapped or covered and in a cool place
11. Learning how to care for colds properly by:
 - a. Using handkerchief or paper tissues and disposing of them in a sanitary manner
 - b. Covering coughs and sneezes
 - c. Staying at home and in bed when sick with a cold and keeping away from others as much as possible
12. Staying at home when ill

What to Teach in Health, Grades K-3

13. Staying away from others who are ill
14. Learning to cooperate with physicians, dentists, nurses, and others who help with health problems
15. Learning that immunization programs, testing programs (including vision and hearing) and other medical, dental, and nursing services are helpful in preventing disease and promoting health

H. Care of the body

Children should become increasingly aware of the fact that care and protection of the eyes, ears, nose, throat, and teeth are important. They should be helped to establish good habits in these areas of body care. Establishing habits of care and protection of the teeth is extremely important at this age level since the incidence of dental defects among children is high. Children should understand that this should include care of the temporary teeth. They should also understand that caring for the six-year molars is essential since these are the first permanent teeth. Experiences should include:

1. Care of the eyes, ears, nose, and throat
 - a. Keeping fingers as well as foreign and polluted objects away from the eyes, ears, nose, and mouth
 - b. Learning the importance of protecting the head from blows
 - c. Learning to report any illness or unfamiliar symptom in connection with ears, eyes, nose, or throat
 - d. Reading and working in adequate light without glare and shadows
 - e. Holding book in a comfortable, appropriate position and giving attention to the position of the body while reading and working
 - f. Learning to wear glasses when necessary and to care for them properly
 - g. Learning ways to keep the eyes and ears safe from injury
2. Care of the teeth
 - a. Learning to brush teeth regularly and correctly
 - b. Learning that cracking nuts with the teeth and biting hard substances may

cause serious injury to the teeth or gums

- c. Learning that caring for the teeth includes eating a variety of foods and limiting the amount of concentrated sweets
- d. Recognizing that brushing the teeth after eating sweets when possible, rinsing the mouth with water, and ending the meal with raw fruits or vegetables are good practices
- e. Visiting the dentist regularly and accepting him as a friend

I. Physical growth and development

Primary children are often concerned because others are bigger—or smaller—than they are. They may wonder why. They need help at this level in learning that each individual has his own way of growing and that differences in rate of growth are to be expected. Experiences and understandings should include:

1. Learning that it is natural for some boys and girls to be larger or smaller than others
2. Learning that each person has his own way of growing and that differences among children of the same ages are to be expected
3. Learning that good health practices help each person to grow

J. Mental and social health

Mental and social health are not taught as subjects in the elementary school but are outgrowths of the child's learning experiences in his environment. The emotional tone of the classroom helps him to learn when it is warm, safe, and happy—challenging but not over-stimulating. The teacher's understanding and skill contribute to the child's emotional development. The child's concept of self is important. The teacher should guide him in learning to accept himself, including his assets and his limitations. He should give the child opportunities and guidance in making decisions on his own problems at his own level and in releasing emotional tensions in desirable ways. The teacher can help the child to release tensions at school through creative learning experiences.

What to Teach in Health, Grades K-3

As a child better understands and accepts himself, he becomes increasingly capable of accepting and living effectively with others. All young children want to be accepted by others. When children first come to school, one of their big tasks is learning to live in increasingly larger groups. Understanding and accepting himself and understanding and getting along with others are concepts that it takes a lifetime for most people to realize. They are goals for young children in the degree that they are able to understand and achieve them. Experiences that help children to grow in ability to understand themselves and to live effectively with other people are:

1. Learning to understand and accept self
 - a. Learning that we express our feelings in many ways and learning acceptable ways of expressing them
 - b. Learning to make wise choices in everyday activities
 - c. Learning that one gains a feeling of accomplishment through carrying purposeful activity through to completion
 - d. Learning how to make the best of a disappointment or an unfortunate occurrence
 - e. Learning that everyone makes progress at his own rate of speed
2. Learning to get along with others
 - a. Learning many ways of cooperating with others
 - b. Learning some ways of making friends
 - c. Learning to be a courteous guest, a courteous host, and a courteous co-worker
 - d. Learning that many people help him to get along in school
 - e. Learning that individual differences in people are natural and that each person can make a contribution
 - f. Learning to work and play happily with others
 - g. Learning to take turns and share with others
 - h. Learning to be considerate of other people

K. Safety

Safety teaching should help the child to develop an increasing sense of responsibility for his own safe conduct and concern for the safety of others. The positive rather than the negative approach should be used by the teacher, avoiding motivation through fear. Safety should not be taught as an isolated subject, but as a natural part of the daily living activities of children. These experiences usually include safety in travel, at school, at play, and in the home.



1. Safety in travel

Children should be taught how to conduct themselves safely when going to and from school, walking about their neighborhoods or in the congested business section of a city or town, and using any vehicle. This should include:

- a. Learning the meaning of the colors of traffic lights
- b. Obeying all traffic signals.
- c. Crossing the street at the safest intersection
- d. Walking facing traffic when on highways
- e. Being alert to the movement of traffic and refraining from running into the street
- f. Learning that riding a school bus is safer when a person gets on and off slowly and carefully, sits down while bus is in motion, and keeps hands and arms inside the bus
- g. Waiting for school buses at a safe distance off the highway

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- h. Learning their name, address, and telephone number and parents' names
- i. Avoiding hitching rides on trucks, cars, or bicycles
- j. Knowing and obeying the laws governing bicycle riding
- k. Observing safety practices in parking bicycles
- l. Showing good judgment when using wheel toys and skates
- m. Learning to cooperate with bus drivers, safety patrols, policemen, and others in positions of authority
- n. Reporting any accidents promptly to parents, teachers, or other safety helpers
- o. Learning to go directly home after school and to report to a parent or a responsible adult upon arrival

2. Safety at school

Children should be taught at an early age that, where many people are living and working together, rules and regulations for safety are necessary. Each individual should show thoughtfulness and good judgment when he acts to safeguard his own welfare and that of others. This includes:

- a. Distinguishing between right and left
- b. Keeping to the right and practicing safety rules when walking through halls and on stairs
- c. Learning and practicing safety rules when standing or walking in lines
- d. Learning how to handle and carry pencils, scissors, and other sharp or pointed equipment
- e. Learning the safe way to carry and use chairs
- f. Opening and closing doors safely
- g. Sharing and taking turns on playground equipment
- h. Learning to appreciate the services of the school safety patrol, the school janitor, and other safety helpers at school
- i. Learning the purpose and importance of fire drills and acting to make them successful

3. Safety at play

It is necessary for children to learn that safe play protects them and their playmates and also contributes to the pleasure of their activities. They should learn that safe play activities at school, at home, or in other places should include:

- a. Choosing safe places in which to play
- b. Learning how to use playground equipment safely
- c. Playing carefully with pets and avoiding playing with or petting strange animals; avoiding teasing pets
- d. Refraining from running with sharp tools, sticks, and glass
- e. Gathering up toys when play is over and storing them where they will not cause accidents
- f. Avoiding putting small objects into the mouth, nose, or ears
- g. Playing carefully with younger children
- h. Flying kites in areas free from wires
- i. Avoiding playing in or around buildings under construction
- j. Practicing safe conduct in water
- k. Avoiding undue exposure in the heat and sun
- l. Learning to play safely when near streets, keeping off the streets unless they are reserved for play

4. Safety at home

Children should be taught from early childhood how to help keep their home environment safe. In discussing safety precautions, teachers should be careful not to excite the curiosity of children about safety hazards to the extent that they will want to experiment with dangerous situations. Children should learn that safety in the home includes:

- a. Using caution in turning on hot water when bathing or washing
- b. Placing the soap in a container before stepping out of the tub
- c. Avoiding climbing up on chairs or shelves

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- d. Avoiding leaning against screens or out of windows
- e. Learning to feel a responsibility for placing fruit peelings and other waste in garbage pails
- f. Learning to feel a responsibility for wiping up substances spilled on the floor so as to prevent falls
- g. Keeping stairs clear of all objects
- h. Avoiding unknown liquids and medicines
- i. Learning that minor cuts, blisters, and insect bites require immediate care to prevent infection
- j. Learning safety precautions with fire
 - (1) Learning that playing with fire or matches is dangerous
 - (2) Learning that fires should be started and supervised by an adult
 - (3) Learning that fires should be built only in places set aside for them or where there is no danger of fire spreading
 - (4) Learning what to do in case a fire is discovered
 - (5) Learning what to do in case his clothing catches on fire
- k. Learning that guns and fireworks are dangerous

II. Family health

A. The child's help in the family

Children of this age level should begin to learn to be helpful family members by sharing in responsibilities and in family planning for work and fun. Experiences that will help in reaching these goals are:

- (1). Learning to be helpful in the family
- (2). Learning ways of sharing facilities in the home
- (3). Sharing in the responsibility of caring for younger children

B. Family inter-relationships

Children should begin to understand and appreciate the contributions of each family member to healthful living. They should begin to understand the home and family life.

- (1). Learning that big brothers and sisters have interests and friends of their

own and that it isn't fair to "tag along" all the time

- (2). Learning that talking things over with parents or other older persons is helpful
- (3). Learning ways in which families can have fun together
- (4). Learning of "family life" among animals and ways in which the young are protected and cared for

III. Community health

A. Community helpers in health and safety

Children at the primary level can learn that there are community workers who help to protect people's health and safety. They should begin to appreciate these services and should learn to cooperate with them in protecting their own health and safety as well as the health and safety of others. Children cannot understand technical materials of instruction on this subject. The approach to community health should include the following simple understandings and experiences:

- (1). Learning to appreciate the health and safety services of firemen, policemen, garbage men, and other community helpers
- (2). Learning about the custodian, the bus driver, the school lunch personnel, and the teachers and their contributions to health

B. The child's part in community health

- (1). Learning to accept such health services as immunizations, medical and dental examinations, and first aid
- (2). Learning that each person has a responsibility for the proper use of public facilities such as rest rooms, drinking fountains, and picnic areas
- (3). Learning to respect the property of others in such ways as protecting lawns, flowers, and shrubbery
- (4). Being considerate of others and cooperating in making the home, the school, and the community a safe and attractive place in which to work and play

What to Teach in Health, Grades 4-6

To the Teachers of Grades 4-6

As children move into the intermediate grades, they become more interested in the *how* and the *why* of health teaching. This is the period when they are able to expand their experiences in understanding simple scientific reasons for health practices. The major emphasis in the intermediate grades, as in the primary grades, should be upon developing concepts which will lead to desirable health practices and attitudes within the ability of children of this age level. Again the emphasis is on personal health, although some aspects of family and community health are given greater emphasis than in grades K-3.

Teachers of grades 4-6 should work together to select goals for each grade level. They should also refer to third grade health teaching records which their pupils have already experienced, and the plans for the seventh grade health course. This coordination will make their teaching a vital part of an unfolding story and avoid needless repetition. Teachers should also recognize the importance of working together with pupils to develop a good health program, adapting suggestions in the guide to their needs and interests.

Copies of the suggested planning and record work sheet on the following page, or other planning forms developed by the school, may be used by teachers in setting up plans and recording information for individual grades. As in grades K-3, points of emphasis may be chosen for each grade level.

For example the following might be emphasized in grade four: *understanding simple requirements for adequate heating, ventilating, and seating facilities with attention given to proper classroom use and care; personal habits in the prevention of communicable diseases; some understanding that the kind of food children eat influences their growth, development, and enjoyment of life; safety practices in bicycle riding, in bus and automobile travel; and in mental and social health, cooperation in working and playing with others.*

In the fifth grade, points of emphasis might include simple background for *understanding general body structure and physical growth; the kinds of foods the body needs for growth and reasons these foods are better body builders than others; effects of physical activity and rest on health and growth; safety practices in the water and at camp; simple first aid.*

In the sixth grade, possible points of emphasis might be *sanitation and safety in the school environment; cleanliness and grooming; understanding of changing physical characteristics with special attention to wide differences in rate and timing of growth; introduction to some of the nutrients necessary for growth; safety patrols, school emergency care, and safety in physical activity; some community safeguards for health such as milk sanitation.* These or other points of emphasis can be fitted into the proper spaces in the worksheet along with special activities and materials for effective teaching.

The formal study of alcohol should be reserved for more mature students, though pupils in grade six are required to have some instruction in this area. This subject should be treated in general in the elementary school as the occasion arises when children ask questions. It is suggested that the teacher become familiar with the information and recommendations in the bulletin, *The Story of Alcohol, A Guide for Teachers*, published by the State Department of Education.

Teachers may refer to other chapters in this guide for suggestions that should be helpful in their planning. Chapter II refers to characteristics of children and youth with implications for health teaching at different grade levels: Chapter IV suggests methods and procedures, Chapter V recommends resources. Supplements to the guide, available from the State Department of Education, should also be helpful.

What to Teach in Health, Grades 4-6

SUGGESTED PLANNING AND RECORD WORK SHEET

(Copies of this page should be made available to each teacher of grades 4-6)

Grades 4-6

Grade _____, Year _____, Teacher _____

Scope as Outlined in Guide	Points of Emphasis	Special Activities	Special Materials
I. <i>Personal health</i>			
A. Use of Facilities			
B. Cleanliness and grooming			
C. Clothing			
D. Foods and nutrition			
E. Physical activity and rest			
F. Disease prevention and control			
G. Care of the body			
1. Care of the eyes, ears, nose, and throat			
2. Care of the teeth			
3. Care of the feet			
H. Physical growth and development			
I. Mental and social health			
J. Safety			
II. <i>Family health</i>			
A. Responsibilities as a family member			
B. Healthful home environment			
III. <i>Community health</i>			
A. The individual's responsibility for community health			
B. Community health services			

Suggested Experiences and Understandings, Grades 4-6

I. Personal health

A. Use of facilities

Although the child is taught from the time he enters the kindergarten or first grade to use school facilities properly, it is necessary to continue this training. In grades 4-6, the child can begin to understand how his health is related to the proper use of facilities. His interest in a wider range of facilities, as they relate to his health and well-being, needs to be cultivated and directed. The child should become aware of the environment in which he lives throughout the school day and should grow in appreciation of those factors which affect his health. Experiences and understandings should include:

1. Becoming aware of the environment which affects his health in the classroom, building and grounds
 - a. Correct temperature in the classroom
 - b. Adequate ventilation
 - c. Adequate light without glare
 - d. Comfortable and proper arrangement of seating in the classroom
 - e. Cleanliness and sanitation
 - f. Safety
2. Assuming some responsibility for neatness and attractiveness of classroom, building, and grounds
3. Recognizing the importance of planning and working together for healthful environment

B. Cleanliness and grooming

Children of the intermediate grades should have opportunities at school to practice some of the cleanliness procedures which they are taught to follow, such as washing their hands before lunch. They should understand why cleanliness is important. Toward the end of this period the girls especially are usually becoming very much interested in good grooming. It is suggested that the following topics receive emphasis:

1. Understanding the need for frequent washing of hands and taking baths



2. Learning how to give proper care to hair, skin, and nails
3. Learning that cleanliness, grooming, and neatness help to make a favorable impression on others and to bring a feeling of confidence and well-being to oneself
4. Accepting responsibility for cleanliness of clothes and body

C. Clothing

During this time when strenuous physical activity is characteristic, when zeal and enthusiasm are noted more often than caution, the care of clothes is especially timely. It is assumed that children of these grade levels have already become acquainted with clothing made of different types of materials. With this background, pupils can be interested in the importance of clothing that fits without binding and is appropriate for the conditions under which it is to be worn. They can also become interested in caring for all articles of clothing so that they will last well and look good. Experiences and understandings should include:

1. Understanding why certain types of clothing are better for certain weather

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conditions and more appropriate for different occasions

2. Appreciating the need for buying clothes wisely—using such criteria as “Do they fit and look well on me? Will they wash or clean well? Are they the kind of clothes I really need?”

D. Foods and Nutrition

Children of this age group should begin to develop a general understanding of the kinds of foods the body needs. There are many simple scientific experiments which they will enjoy in demonstrating the kinds of foods needed. Experiments in feeding animals and in growing plants with adequate versus inadequate food are often used for this purpose. Experiences and understandings in foods and nutrition should include:

1. Understanding that there are certain basic foods that we all need
2. Learning why some foods are more valuable than others
3. Learning to select suitable foods to eat between meals
4. Learning reasons for avoiding over-use of sweets and carbonated beverages
5. Learning reasons for avoiding tea and coffee
6. Understanding some ways of promoting good digestion: resting after eating, avoiding swimming or other strenuous exercise immediately after eating, chewing food well, being pleasant at meal-time
7. Realizing that our feelings or emotions affect appetite and digestion
8. Appreciating the fact that pleasant surroundings and attractive methods of serving food affect the appetite
9. Recognizing that beautiful and tasty foods add to the enjoyment of life
10. Learning why good table manners are important
11. Appreciating the importance of cleanliness in handling foods and dishes

E. Physical activity and rest

Children in the intermediate grades are interested in their physical development, en-

joy vigorous physical activities, and have a zest for living and learning which makes the day seem entirely too short for their many activities and interests. However, they should understand that mental and physical activity wear out part of the body tissues which must be continuously replaced and that a balance between rest and activity contributes to over-all well-being. This process takes place most effectively during periods of rest, especially relaxed sleep. Since the drive for activity of children in these grades is still great, teachers should not allow or force children beyond their ability. For those with temporary or permanent disabilities, programs of physical activity should be adapted to their limitations. Because of their increasing desire to belong to a group or team and the strong urge to test themselves, increasing emphasis should be placed on modified team games in addition to a wide variety of simple activities. The following experiences and understandings are suggested:

1. Realizing that an adequate amount of rest and sleep is necessary for energy, growth, and general well-being
2. Learning that irritability may be the result of too little sleep and rest
3. Understanding why periods of strenuous exercise should be interspersed with periods of rest
4. Learning that sleep and rest are important to good posture
5. Growing in an understanding of the need for activity
6. Participating wholeheartedly in a well-rounded program of physical activities
7. Learning to officiate own games and to play fairly
8. Developing self-confidence and self-discipline through play and other activities
9. Cultivating the ability to live and work cooperatively with others, especially as a team member
10. Selecting and learning desirable games and sports for leisure time use
11. Practicing good sportsmanship

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F. Disease prevention and control

Children of grades 4-6 can begin to understand why it is important to establish habits and to follow procedures that will help to protect them against disease. In the sixth grade, especially, they can understand the simple scientific background for this area of health. As in grades K-3, the positive approach to instruction on disease prevention should be used so as to avoid motivation through fear. Pupils should understand that, through some very simple measures like washing hands before eating and through accepted medical procedures like inoculations, they can help to protect themselves and others. Experiences and understandings in developing desirable habits and attitudes should include:



1. Understanding that most bacteria are helpful
2. Learning some ways in which germs are spread and precautions which prevent their spread
3. Appreciating the importance of cleanliness in preventing disease
4. Appreciating the importance of avoiding places such as stores, restaurants, and washrooms when they are unclean
5. Learning the correct way to wash dishes, glasses, and silverware to kill disease-spreading germs
6. Learning to prevent the spread of infection through using one's own towel and washcloth

7. Learning the proper way to care for a cold and ways of helping prevent the spread of colds
8. Appreciating the importance of immunization in helping to control communicable diseases
9. Learning the value of physical examinations in detecting abnormalities
10. Learning how to care for oneself when ill

G. Care of the body

Habits of body care emphasized during the primary grades should be reinforced during grades 4-6 with more emphasis on the reasons for this care. Especially in grade six, pupils can learn very simple structure and functions of the eyes, ears, nose, throat, teeth, and feet in relationship to the importance of developing good health practices.

Children should recognize that care of the sense organs is most important, since they learn through the five senses. They should understand the importance of proper use of aids for sight and hearing. Information on the make-up of the teeth and their functions should lead to an understanding of the importance of care of the teeth and gums in relation to good general health and to personal appearances. Children should understand the need for corrective measures although these measures may be temporarily unpleasant. Children should understand that good foot health is important to good general health. Experiences and understandings on these areas of body care should include:

1. Care of the eyes, ears, nose, and throat
 - a. Learning that the five senses are hearing, seeing, smelling, tasting, and feeling and appreciating the importance of these senses
 - b. Understanding and accepting people who have handicaps and learning how to help them
 - c. Developing a simple understanding of the different parts of the eye, ear, and nose, and of the ways they function
 - d. Learning what constitutes good light for reading and other visual activities

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- e. Understanding the importance of holding the book properly when reading
- f. Learning what to do if something gets in the eye
- g. Understanding the advantages of wearing glasses if needed
- h. Understanding the function of the nose in breathing, in relation to moisture, warmth, and cleansing
- i. Learning the relationship between smell and taste
- j. Learning to blow the nose gently to avoid forcing mucus up the Eustachian tube into the middle ear

2. Care of the teeth

- a. Learning how, when, and why to brush teeth
- b. Learning the functions of the different kinds of teeth
- c. Learning the make-up of the teeth
- d. Learning the importance of adequate diet in building strong teeth and healthy gums
- e. Learning other ways of keeping the teeth and gums healthy
- f. Learning that teeth aid digestion, improve appearance, and aid speech
- g. Appreciating the need for visiting a dentist often and for taking care of small cavities before decay spreads
- h. Appreciating the function of braces in helping to straighten the teeth

3. Care of the feet

- a. Learning that it is important to keep the feet clean, warm, and dry
- b. Learning the importance of wearing shoes and socks that are in good condition, fit properly, and are made of suitable materials
- c. Recognizing that there is danger in neglecting such foot injuries as cuts, blisters, and bruises
- d. Recognizing the seriousness of various foot conditions caused by fungus infections and by such parasites as hookworm

- e. Learning to seek professional care for foot defects as early as possible

H. Physical growth and development

Children of the intermediate grades have a natural interest in their physical development. With the help of the teacher, they can get a simple background for understanding general body structure and physical growth. General body structure and



function should be emphasized rather than many specific, detailed facts. Teachers should recognize, however, that some groups of children want more information and details. For example, one class group wanted to know about the senses—just how do you *smell* things, *feel* things, *taste* things. Another group wanted to know more about what is inside bones, how broken bones heal, how bones grow. Questions of this kind show that thinking has been stimulated. They should be answered in the light of the child's maturity level and his ability to understand. The child should understand that each person grows

What to Teach in Health, Grades 4-6

in his own way at his own rate and that good health habits will help him achieve better growth.

The fourth grade would be interested in the simplest kind of information. The sixth grade, with some pupils showing characteristics of early adolescence, will need some anticipatory guidance in understanding the body changes of the normal boy or girl in early adolescence. Teachers should have the scientific background necessary to give them a feeling of security in their ability to guide young people in gaining some understanding of their physical growth. Some understandings and experiences in this area should include:

1. Developing a wholesome appreciation of the human body
2. Considering the value of keeping height and weight charts over a period of time, and understanding that there is no exact weight which is normal for every given boy or girl of a particular height and age.
3. Understanding that growth and maturation are uneven and that these characteristics manifest themselves in the following ways:
 - a. Increasing awkwardness
 - b. In some girls, the early development of secondary sex characteristics including menstruation
 - c. In some boys, secondary sex characteristics developing as they reach puberty
 - d. Sudden increase in weight
4. Learning how bones and muscles work together
5. Learning how the heart and blood vessels carry out their work
6. Learning about respiration
7. Learning that the nervous system serves as the communication system of the body
8. Understanding simple facts about digestion and elimination
9. Understanding what constitutes normal body temperature and learning how the body maintains this temperature
10. Gaining a basic understanding of the beginning of life

11. Understanding the importance of periodic physical and dental examinations

I. Mental and social health

Children develop feelings about themselves and others on the basis of their interpretation of experiences. Experiences of the children at work and at play can be used in a natural way to help them to grow in understanding and improving the way they think, feel, and act. The emotional climate in the classroom is caught rather than taught. The cheerfulness, friendliness, and fairness of the teacher are contagious and are reflected in the attitudes and behavior of the pupils. The physical aspects of the room—such as light, heat, ventilation, color, seating arrangement—also affect the way a person feels, thinks, and acts. Since mental and physical health are a part of the total environment, many opportunities are afforded during the day for building naturally the following objectives and experiences:

1. Growing in understanding of how he thinks, feels, and acts
 - a. Learning that happy feelings are as essential as sleep, rest, exercise, fresh air, and good food in helping to develop strong, healthy bodies
 - b. Understanding that the way we feel influences body functioning: for example, blushing, sweating palms, headache, or "butterflies in the stomach" may result from excitement, anger, worry, or other emotions
 - c. Understanding that all of us at times feel fear, anger, jealousy, discouragement, and the like, and learning acceptable ways of coping with these feelings
 - d. Developing satisfactory independent relationships
 - e. Developing interest and skills in solving problems
 - f. Experiencing satisfaction through creative expression
 - g. Learning the value of hobbies and other forms of recreation and relaxation

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- h. Learning to find satisfaction in other people's pleasures and accomplishments as well as in their own
- 2. Growing in ability to get along with others
 - a. Learning to understand some of the reasons people feel and act as they do
 - b. Being considerate of others and concerned for their welfare
 - c. Learning the value of sharing ideas and possessions
 - d. Realizing that cooperation is an essential ingredient in harmonious relations with others
 - e. Accepting some individual responsibility for group welfare
 - f. Learning that each person is the result of his individual capacities and experiences and that his behavior is affected by the meaning of these experiences to him
 - g. Understanding that each person is born with different capacities, that his experiences have made him different, and that his capacities and experiences determine how he will react to any situation
 - h. Realizing that there is a tendency for boys and girls to conform to the expectations of their group, and learning when and how to reject expectations that are not approved by society

J. Safety

Safety education should be based on the immediate needs of pupils both physical and emotional. These needs may be determined in part through daily accident records which should be accurately kept and carefully studied. Pupils must be helped to perform safely the physical activities which are a part of the environment in which they live, and to begin to think through the safety elements in each individual situation, moving from supervision to self-direction.

Experiences in this area should include:

1. Learning that safety is everybody's business

2. Becoming acquainted with the school program for handling emergency situations
3. Learning how to report injuries and accidents
4. Reviewing safety precautions to be observed at school
5. Continuing the study of safety precautions on streets, highways, and school buses
6. Observing the basic rules for safe bicycle riding as listed by the State Highway Department



7. Learning and observing fire safety precautions, such as observing correct procedures for fire drills, checking home at regular intervals for fire hazards and helping to correct any found, practicing correct procedures in building and extinguishing fires in the home and out-of-doors, and reporting a fire
8. Learning and observing safety precautions in connection with insecticides, sprays, disinfectants, weed killers, poisons of all kinds, kerosene, gasoline, firearms and ammunition, medicines, and chemicals of all kinds
9. Appreciating the need for correcting conditions which cause accidents at home
10. Learning to observe certain precautionary measures in using electrical equipment
11. Learning safety precautions at play by considering safe versus unsafe places to play and recognizing that reasonable caution and good sense when playing are also needed
12. Assuming responsibility for the safety of younger children while at play

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13. Learning basic safety precautions to observe on a hike
14. Learning safety precautions to observe when swimming and boating
15. Assuming increasing responsibility for caring for minor injuries
16. Learning the value and purpose of first aid kits and suggested contents of a simple first aid kit (See *Recommended Procedure for Emergency Care of Sickness and Accidents Occurring at School*, South Carolina State Department of Education.)

II. Family health

In grades 4-6 children should be urged to take over some responsibility for their own health and safety and for sharing in family planning and responsibilities. The following are suggested as learning experiences:

A. Responsibilities as a family member

1. Learning to develop good habits, attitudes, and understandings toward participating in healthful living in the home
2. Assuming some responsibility for cleanliness and safety in the home
3. Helping to take care of their own rooms and belongings
4. Learning to help with family chores
5. Assuming some responsibility for younger members of the family

B. Healthful home environment

1. Learning some of the provisions for sanitation that should be made in homes and yards
2. Learning that home produced foods can contribute to family health

III. Community health

As South Carolina becomes more and more densely populated, community effort to protect the health of all citizens becomes more urgent. Children in these grades should not be expected to understand thoroughly the intricacies of government nor to get detailed information about health services. They can, however, come to an understanding of the importance to the public welfare of sanitation measures and procedures and other health services. They can also understand that

every citizen should cooperate in these measures. Methods of developing these concepts may include field trips, interviews, and visual aids to dramatize the services. Some understandings and experiences in community health are:

A. The individual's responsibility for community health

1. Learning that every individual shares some responsibility for helping to keep the community environment as safe and healthful as possible
2. Developing a sense of pride in helping to keep the community clean

B. Community health services

1. Developing an awareness of the kinds of work that a local health department performs
2. Realizing how the community safeguards the health of individuals by the provision it makes for supplying safe drinking water
3. Realizing how the community safeguards health through its approved sewage disposal
4. Learning how the community provides for disposing of garbage and rubbish
5. Realizing how the community safeguards health through the local health department's regular inspections of food stores, bakeries, food factories, and eating places
6. Realizing how the community promotes safety through traffic regulations and signs, drivers' licenses, and services of the local police and highway patrol
7. Realizing how the community promotes safety of life and property by the services of the fire department
8. Learning how milk is treated to safeguard health
9. Knowing the danger of flies and rats as carriers of diseases
10. Understanding the importance of complying with regulations in regard to the inoculation of dogs and other pets against rabies
11. Understanding ways by which water in swimming pools and bathing beaches is kept as safe as possible
12. Appreciating the contribution to our health that has been made by the health heroes of the past

What to Teach in Health, Grades 7-12

To the School Administrator and Supervisory Staff of Grades 7-12

The teaching of health is required in the junior and senior high schools as well as in the elementary grades (*School Laws of South Carolina*, issued by The State Department of Education, 1962). The leadership of the school administrator and supervisory staff make a tremendous contribution in the implementation of this requirement in developing a practical program, employing competent staff, and planning and scheduling the program. The high school curriculum has become so crowded with a number of requirements and interesting electives that school administrators have found it difficult to include adequate instruction in health. However, they recognize the need among adolescents for skilled guidance and instruction in understanding themselves in their rapid growth and development and in their preparation for the responsibilities of adulthood.

Authorities recommend that health be taught in *separate courses*, like other academic subjects or in *units in courses related to health*. In *addition* it should be taught as *the occasion arises* when some special event occurs that lends itself to emphasis on a particular health need or concept and *as a part of daily living at school* in all activities and programs.

This material is arranged in three sections with the purpose of suggesting information and methods of approach suitable to adolescents in grade 7 or 8, grade 9 or 10, and grade 11 or 12. The school planning group may use this material as a guide in developing their own scope, sequence, and plan for scheduling courses or units. The material is arranged so that it can be adapted in different ways. The three sections may be taught in three semester courses at different grade levels. They may be combined as desired in a full year's course at any of these grade levels. Two half-year courses may be offered for credit in grades 9-12, according to the *Standards for Accredited High Schools of South Carolina*. Any section of the

outline may be developed as a unit in a related subject such as physical education, science, social studies, home economics, or driver education. When health is combined with another subject, adequate time must be devoted to health. *It is most important that the school or school system have a coordinated plan for health instruction and qualified staff responsible for carrying it out.*

It is the responsibility of the school administrator and the supervisory staff to arrange for coordination and planning for health instruction. A health education supervisor at the school, district, or county level can serve as a valuable resource person in coordinating the school health program. "The Suggested Planning and Record Work Sheet for Individual Grade", introducing each section of the Guide in Chapter III, may be copied or adapted for recording plans and exchanging information among those with responsibilities for teaching health.

In junior and senior high schools, coordination is even more important than in the elementary school, since the emphasis in health instruction changes from a more general approach to one of special study of different areas of health. Other subjects taught by different teachers include closely related topics which, without coordination, may be needlessly repeated, while other important topics may be omitted. The plan for scheduling health should follow the rules and regulations as published in the current edition of *Standards for Accredited High Schools of South Carolina*.

Other chapters develop more fully the subjects of responsibilities for school health, methods, materials, and resources. Supplements also serve as resources for further development of the health instruction program. These supplements are: *Selected References in Health*, *Examples of Successful Health Teaching*, and *Health Services of Some South Carolina Agencies*.

What to Teach in Health, Grade 7 or 8

To the Teachers of Grade 7 or 8

The area of personal health suggested for grade 7 or 8 deals with physical growth and development. The purpose of the area is to help boys and girls to understand themselves physically in the light of the dramatic, rapid growth and physical changes of the young adolescent and to understand that each person should assume some responsibility for his own health. The junior high school years—usually the ages 12, 13, and 14—are years of great change, when the child becomes a youth. Adolescence brings a readiness for learning and a need for information and guidance. Seventh and eighth grade boys and girls have tremendous interest in their own physical growth. They are also vitally concerned with questions of social significance for their age group and recognize some problems of their emotional growth. The emphasis should be on health from the personal point of view. It should not be a repetition of health information taught in the elementary school, but should be more specialized and taught in depth.

The teacher can make teaching health more vital and meaningful by giving pupils opportunities to express their personal problems and interests and to help in choosing specific health

objectives and experiences. The teachers of related subjects in these grades should also plan together for a choice of content and for suggested activities and methods of instruction. This is especially true in the area of life science, usually taught in the seventh grade, which can lay a valuable foundation for building health concepts. Teachers of health and life science should work together for the best results in health-science. Copies of the "Suggested Planning and Record Work Sheet" on the following page may be adapted and used for recording and exchanging this information.

Suggestions in this section are based on general characteristics of youth at this age level as discussed in Chapter II. They should be adapted for use in each class group since characteristics of individuals and groups vary. Teachers should also recognize the influence of the home and community environment on pupils in adapting the suggested activities and experiences to meet their health needs and interests.

Suggested methods of teaching health, as well as materials and resources, may be found in Chapters IV and V and also in supplements to the guide.

What to Teach in Health, Grade 7 or 8

SUGGESTED PLANNING AND RECORD WORK SHEET

(Copies of this page should be made available to teachers of grades 7 or 8 who teach health or related subjects)

Grade 7 or 8

Grade _____, Year _____, Teacher _____

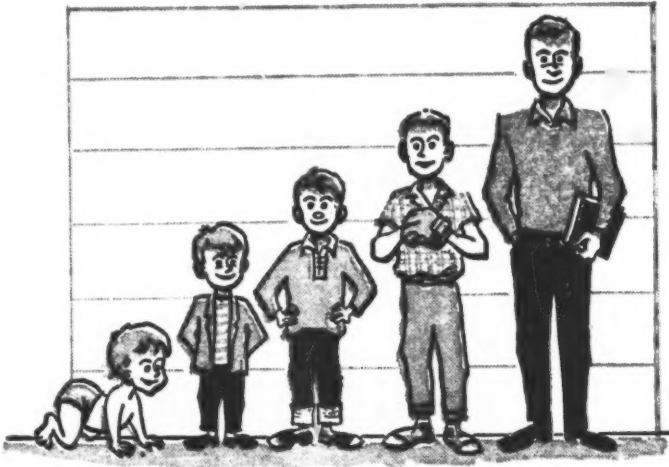
Scope as Outlined in Guide	Separate Course (yes or no)	Correlated With (subject or activity)	Time Allotted	Special Activities	Special Materials
Personal health					
A. Physical growth and development—growing up					
B. Structure and functions of the body					
C. Care of the body in preventive and protective health measures					
D. Effects of some diseases on the body					
E. Effects of alcohol, tobacco, and narcotics on the body					
F. Foods for the nutritional needs of the body					
G. The relationship of physical and mental health in growth and development					

What to Teach in Health, Grade 7 or 8

Suggested Experiences And Understandings, Grade 7 or 8

I. Personal health

A. Growing up—an introduction



Through their study of growth and development, young people should grow in understanding and appreciation of the wonder of the human body. They should recognize with the ancient philosopher that:

"Man wonders about the restless sea . . . the flowing waters . . . the sight of the sky . . . and forgets that of all wonders, man himself is the most wonderful."

Adolescents should be impressed with this truth as they look back on their growth from infancy and into the future, through adolescence to adulthood. The teacher should plan to spend just enough time on their past growth to give them a better insight into their present early adolescence. The teacher should help them to understand that there are many factors influencing growth and that each person has his own growth pattern. Finally the teacher should help them to recognize that memorization of facts about health is not the final goal of their study. The real evidence of learning is the way they use their knowledge in their everyday living. Background information for the study of physical growth and development should include:

1. Growth patterns

a. Reviewing growth patterns briefly

- (1) In babyhood and early childhood
- (2) In later childhood

(3) In early teens

(4) In late teens

- b. Learning that each person has his own growth pattern—growing in his own way, at his own rate, when he is ready—and that many factors influence growth
- c. Studying the influence of heredity on growth and development and on individual characteristics
- d. Studying the influence of environment and health practices on growth and development

2. Responsibility for healthful living

- a. Knowing that each individual is dependent upon and responsible to others in many ways for his health, happiness, and general welfare
- b. Understanding that other persons and agencies share with an individual the responsibility for his health
- c. Increasing understanding and appreciation of the wonder of the human body as a basis for acceptance of responsibility in the care and protection of the body

B. Structure and function of the body with implications for healthful living

One of the most important tasks of the adolescent is learning to understand and to accept his body and the many physical changes of this period of growth. In addition to the principles and patterns of normal growth, seventh or eighth graders need to know something of human physiology—the mechanism of the body and



What to Teach in Health, Grade 7 or 8

how its various parts function in relation to the whole.

Although in this section structure and functions of the body are discussed separately from implications of adolescent growth and development and care of the body, the teacher would perhaps find it natural to fuse these areas. For example, as the group studies the digestive system, it would be natural to discuss the reasons for increased appetites of adolescents and the need for the regular habit of eating a good breakfast, rather than completing a study of all the body systems before discussing body care.

In recent years the public has begun to place greater responsibility on the school for supplementing home teaching in sex education. This section offers an excellent opportunity for planning a unit combining study of the development of the reproductive organs as a natural, normal part of life and the relationship of physical, emotional, and social factors. This teaching should be carefully planned and taught by a competent teacher in such a way that it is beneficial to pupils and acceptable to parents and others of the community. Many interesting and authoritative materials and visual aids on sex education are available. A selected list of suitable materials can be found in *Selected References in Health*.

In general in this entire section, the basis for inculcating health concepts at this age level should include much actual biological science. The pupil is now advanced enough educationally to understand this material and mature enough emotionally to want to handle his problems on the basis of scientific facts. Great care should be taken to give accurate scientific information and to interpret it with sensitivity to the feelings of the early adolescent on all areas of growth and development. The teacher should organize this section in any way that he deems logical for his group.

Experiences and understandings should include:

1. Getting an over-all view of the make-up of the body—hair, skin, nails, fat, muscle, skeleton, internal organs

2. Learning the functions and physiology of the eyes, ears, nose, throat, teeth, and skin
3. Learning the parts of the body that serve as safety mechanisms
4. Gaining a socially acceptable vocabulary for body structures and functions
5. Learning about the body systems, their functions, and inter-relationships
6. Growing in an understanding of implications of adolescent growth and development
 - a. Growing in the understanding of reproductive organs which are now beginning to develop and function and learning how to care for personal needs
 - b. Growing in the understanding of the development of sex characteristics and building a wholesome attitude toward this area of growth and development
 - c. Understanding the body changes of boys and girls such as voice change, body contours, skeletal changes, and the fact that girls usually mature earlier than boys
 - d. Understanding some of the reasons that cause the early adolescent to be hungry, thirsty, awkward, to tire easily, to perspire excessively, and to appear to lack energy

- C. Care of the body in preventive and protective health measures

Throughout the study of personal health in the primary and elementary grades and in junior high school, one of the goals has been to develop health concepts that will aid in establishing good health habits and attitudes in the care of the body. In grade 7 or 8, this goal gains added significance in the light of the scientific findings which the pupil has acquired about his growth and development. Now he can make choices based on accurate scientific information and intelligent self-direction. A real test of his learning is the degree of responsibility which he assumes for personal preventive and protective health measures. School health services, the keeping of adequate school health records, and guidance in understanding personal health status as recorded on these records

What to Teach in Health, Grade 7 or 8

can be strong factors in supporting classroom teaching and in encouraging pupils to assume this responsibility. Experiences and understandings should include:

1. Learning scientific reasons for the intelligent care and protection of the body
2. Learning that physical and dental examinations help to prevent illness and to protect health
3. Understanding what is to take place and why, in diagnostic tests, screenings, and health examinations
4. Being willing to review the findings of diagnostic tests and examinations and to accept personal responsibility for corrective measures if needed
5. Understanding that a physician's diagnosis and treatment are essential in the care of illness
6. Understanding some of the dangers of using home remedies, such as aspirin, simple headache preparations, laxatives, and other patent remedies, as well as the dangers of the use of prescriptions written for other people
7. Learning how colds spread and how to take care of oneself when they develop
8. Understanding the causes of pimples and methods of skin care
9. Placing new emphasis on care of the teeth and mouth, including dental examinations, braces, and retainers—based on knowledge of the teeth, their permanence, and possible corrections
10. Understanding the different ways that types and fitting of shoes affect body comfort and posture
11. Studying the effects of clothing in protection of health and assuming responsibility for wearing clothing suitable to personal health needs
12. Understanding that a balance of work, outdoor exercise, rest, and relaxation are important in resistance to illness, developing the desire and habit of assuming responsibility for evaluating his 24-hour day in the light of health needs, and planning his day's program accordingly
13. Becoming aware of the part that physical activity and good body mechanics play in good health and attractive

appearance and some reasons why posture may present a problem to him at this stage of development

14. Learning that wise use of leisure time should include some physical activity as a contributing factor to physical development
 15. Realizing the importance of seeking advice on personal problems from a competent adult
- D. The effects of some diseases on the body
- It is appropriate in grade seven or eight to study in depth one or more of the communicable diseases, such as tuberculosis, venereal disease, or hepatitis. The choice for study may be a non-communicable disease or a condition like diabetes or epilepsy which occurs less frequently than some of the communicable diseases but which should be understood by the individual affected and by the group with whom he is associated.
- Disease is a formidable subject for pupils of this age and should be treated objectively, with scientific facts chosen carefully to teach without causing fear. Materials of instruction should suit the group's maturity level and should present accurate, current, scientific information. The general area of disease control is discussed more fully in "What to Teach, Grade 9 or 10". Understandings in this area for grade seven or eight may include:
1. Understanding diseases of concern in the community—their causes, effects on the body, and possible preventive measures
 2. Developing wholesome attitudes and a sense of personal responsibility toward the prevention and spread of communicable diseases
 3. Showing consideration, kindness, and understanding to associates who may have diabetes, epilepsy, or similar conditions and learning first aid measures in case of emergency related to these conditions
- E. Effects of alcohol, tobacco, and narcotics on the body
- Junior high school pupils are mature enough to understand facts about ethyl alcohol and to be interested in its effects

What to Teach in Health, Grade 7 or 8

on the human body. The teacher should make this instruction both scientific and objective. He should be careful not to excite an unhealthy curiosity of the pupil by over-dramatizing this subject. *The Story of Alcohol, a Guide for Teachers*, published by the State Department of Education, is recommended for further teaching suggestions. Intense research on the effects of smoking on the human body has in recent years produced evidence that this should be a matter of concern to growing girls and boys. It is considered best to teach alcohol, tobacco, and narcotics as separate topics for teenagers. As with alcohol education, instruction about tobacco and narcotics should be scientific and objective. All sources of information on these subjects should be carefully evaluated. Understandings in these areas should include:

1. Understanding the simple facts about ethyl alcohol and its effects on the human body
 - a. Its classification as a drug
 - b. Its intoxicating effects
 - c. Its effect on muscular function
 - d. Its tendency to lessen body resistance to disease when used excessively
 2. Understanding that the use of tobacco may be injurious to growing girls and boys
 - a. Learning of scientific research on the use of tobacco
 - b. Learning to evaluate advertisements and other information in relationship to making personal choices concerning smoking
 3. Understanding that the nature, effects, and hazards involved in using narcotics and other habit-forming drugs are such that they should be used only on the advice of a physician
- F. Foods for the nutritional needs of the body
- As the seventh or eighth grader studies the science of body structure and function, he should be impressed by the necessity for adequate foods for optimum growth, development, and maintenance of the body. As he studies the body systems, he should learn how certain nutrients help to build strong bones and strong muscles



and how they aid other body systems in carrying out their functions. Some early adolescents are very conscious of increased weight, and are interested in reducing diets. Many are inclined to follow food fads established by their group. The teacher can help them to evaluate fads and other food practices and information through understanding their effects on the body. Experiences and understandings should include:

1. Learning that nutrition is the food one eats and the way the body uses it
2. Learning that the body needs specific nutrients in varying amounts and that many different foods can supply these nutrients
3. Learning that all people need the same nutrients but in varying amounts
4. Learning that the young adolescent should be particularly aware of his need for adequate protein, calcium, iron, vitamin A, vitamin C, other nutrients, and calories to meet his growth and energy requirements
5. Understanding the relationship between the foods eaten and one's teeth, complexion, rapid growth, energy, fatigue, body mechanics, strength, elimination, digestion, personal appearance, and emotions
6. Learning to read labels on packaged processed foods and evaluate nutritive value in relation to costs
7. Understanding the need for developing regular habits of eating adequate breakfast, lunch, and dinner

What to Teach in Health, Grade 7 or 8

8. Learning why some foods are better than others for between-meal snacks and party refreshments
 9. Learning to plan menus for daily food requirements of the young adolescent
 10. Understanding the body's need for water and the best kinds of liquids to meet this need
 11. Developing an appreciation of the satiety and nutritive value of foods popularly used in South Carolina, such as collards, cow peas, and sweet potatoes
 12. Studying foods in relation to the nutritive values of the parts of animals and plants that people eat
 13. Understanding the relationship between the preparation of foods and the retention of nutrient values
 14. Learning about diet in relation to overweight and underweight
 15. Understanding that obesity is largely controlled by energy intake and expenditure and that it is possible to have low calorie meals which provide essential nutrients
 16. Recognizing that heredity limits an individual's height despite nutrition
 17. Evaluating dietary fads prevalent in local areas in relation to nutritional needs
 18. Understanding the nutritive deficiency of alcoholic beverages
 19. Learning to evaluate what he sees, hears, and reads about foods
 20. Accepting responsibility for eating food that the body needs at this stage of development for rapid growth and activity
- G. The relationship of physical and mental health in growth and development
- While emphasis in this section is on physical health, pupils should understand that the physical, mental, and emotional are closely related. They need guidance in self-understanding, development of self-confidence, and the ability to make wise decisions. Experiences and understandings in this area are:
1. Learning that physical development affects feelings and emotions as the adolescent grows toward maturity and that these feelings and emotions are a natural, normal part of "growing up"
 2. Understanding that since there are often great differences in the rate of growth among individuals of the same age, there may be consequent differences in recreational and cultural interests and activities
 3. Recognizing that understanding oneself and others helps develop wholesome relationships and worthwhile values

To the Teachers of Grade 9 or 10

Health instruction suggested for grade 9 or 10 should build on the knowledge and attitudes developed through the study of physical growth and development in grade 7 or 8 and should continue with topics that will round out the area of personal health. Here is the teacher's opportunity of showing the inter-relationships between physical, mental, social, and spiritual health. Personal health in the ninth or tenth grade will also give essential background preparation for family and community health in the eleventh or twelfth grade.

If health has not been taught as a separate course in grade 7 or 8, it may be advisable to combine this material with the areas of personal health suggested for grade 7 or 8 for a full year's course in the ninth or tenth grade.

The chief topics in personal health to be developed in grade 9 or 10 are disease control, personality development, and safety and first aid. Of utmost importance is the development of good attitudes which will influence young people to protect themselves against accident and illness and to develop desirable personality traits. As an introduction, the teacher should review briefly with the pupils the physical growth and develop-

ment topics of the seventh or eighth grade program. Relationships between the physical, emotional and social can be emphasized as a further basis for self-understanding in making personality adjustments and building sound social relationships with others. Young people should find this study an interesting experience and should have opportunities to express themselves. Individual and group guidance are important in helping build mature personality characteristics.

In planning for health teaching in grade 9 or 10, teachers should review the "Characteristics of Boys and Girls" in Chapter II. They may also use copies of the suggested planning and record sheet, which follows this page, or a similar form developed by the school, in organizing for teaching health. All teachers who have some responsibility for health education should have copies of the worksheet and should assist in the planning.

Suggested methods of teaching health, as well as materials and resources, may be found in Chapters IV and V and the supplements: *Selected References in Health*, *Examples of Successful Health Teaching*, and *Health Services of Some South Carolina Agencies*.

What to Teach in Health, Grade 9 or 10

SUGGESTED PLANNING AND RECORD WORK SHEET

(Copies of this page should be made available to teachers of health, physical education, science, home economics, and other courses related to health, grade 9 or 10)

Grade 9 or 10 Grade _____, Year _____, Teacher _____

Scope as Outlined in Guide	Separate Course (yes or no)	Correlated With	Time Allotted	Special Activities	Special Materials
Personal health					
A. Sources of health information					
B. Disease control					
1. Personal care of the body					
2. Home and community					
C. Personality development					
1. Personality characteristics					
2. Growth in desirable characteristics					
D. Personal appearance in relationship to personality					
E. Relationship of personality to the use and abuse of beverage alcohol					
F. Use of leisure time in personality development					
G. Choice of vocation in health					
H. Safety attitudes and first aid procedures					
I. Other					

What to Teach in Health, Grade 9 or 10

Suggested Experiences and Understandings, Grade 9 or 10

I. Personal health—disease control, personality development, safety and first aid

A. Sources of health information

One of the most valuable lessons that can be taught is how to find and use reliable sources of information on health. Pupils should be taught that medical science is progressing rapidly and that they should expand their knowledge by reading and listening to reliable sources. Experiences and understandings should include:

1. Personal responsibility for learning about reliable sources of health information
 - a. Understanding the need for reliable health information and criteria for establishing reliability of this information
 - b. Knowing reliable sources of health information, such as the family physician, dentist, school nurse, and health department
 - c. Learning some of the legal safeguards against quackery and fraudulent practices
2. Criteria for evaluating reliable health information
 - a. Understanding that reliable criteria include answers to these types of questions:
 - (1) Where did you see it?
 - (2) Where did you hear it?
 - (3) Who wrote the information?
 - (4) For what purpose was it written or spoken?
 - (5) If printed, where did it appear?
 - (6) Are some publishers and authors more reliable than others? How do we establish the reliability of authorship?
 - (7) How much dependence can be placed in commercial advertising?
 - (8) Does the advertiser present the whole story?
 - (9) Do the advertising media, such as newspaper, magazine, radio,

and television, accept any responsibility for the reliability of the product being advertised?

- (10) What do established reliable sources of information say about the product being advertised?

- b. Understanding that, in addition to being reliable, health information should be suitable for the occasion and for the group or individual

B. Disease control

Pupils need to be impressed with the importance of preventing diseases. The subject should not be over dramatized, since these boys and girls are very impressionable and might be repelled by the seriousness and tragedy which often accompany disease. The teacher should stress, as



much as possible, the positive aspects of prevention of disease through the use of reliable information and with the help of reliable resource people. Pupils should understand that the application of present scientific knowledge can do much to prevent needless suffering and preventable deaths. Experiences and understandings in acquiring scientific knowledge and in developing good attitudes on this subject should include:

What to Teach in Health, Grade 9 or 10

1. Personal care of the body in disease control

- a. Learning that each person has a responsibility for knowing and carrying out measures necessary for protection against disease in the everyday care of his body
- b. Learning that diseases are sometimes spread through poor personal hygiene
- c. Learning that intestinal parasites are often spread through poor sanitation and poor personal hygiene
- d. Learning that some types of diseases can often be prevented by good body maintenance, adequate clothing, food, sleep, rest, physical activity, and the use of good health practices
- e. Learning about diseases which can be prevented or controlled by inoculations
- f. Learning that some diseases can be controlled when detected in the early stages of development
- g. Learning that individuals differ in the personal care necessary for protection against disease or illness
- h. Learning that diagnosis and treatment of disease are the work of the physicians and other medical personnel licensed by the state and it is unwise for an untrained person to attempt to diagnose and treat his own sickness
- i. Understanding that antibiotics, hypnotics, appetite depressants (diet pills), hormones, amphetamines (pep tablets), tranquilizers, and hallucinogenic drugs are useful to physicians in the treatment of patients, and should be taken only when prescribed by a physician
- j. Understanding the danger of using drugs from containers which are not properly labeled
- k. Understanding that unused drugs which have been prescribed by a physician should be disposed of carefully
- l. Learning to evaluate sources of authentic information on disease control

2. The home and the community in disease control

a. Learning to identify and to help in coping with health conditions in the home

- (1) Learning that when a family member has a communicable disease he should be given adequate care
- (2) Learning that the patient and other family members should take precautions against spread of the disease
- (3) Learning that the home environment, including sanitation, comfort, and safety, is a factor in the prevention and control of disease

b. Learning that communicable disease control is a community responsibility as well as a personal responsibility

- (1) Understanding some measures necessary for the prevention and control of those diseases which are local problems
- (2) Learning how and why health and safety rules and laws are made and understanding the responsibility for obeying them
- (3) Appreciating governmental safeguards for health
- (4) Appreciating the work of the health department, voluntary health agencies, and other community health workers
- (5) Appreciating the work of some health heroes of the past and present
- (6) Learning how constant research helps to conquer disease and how the search for new and more effective treatment continues

C. Personality development

Personality development is sometimes a difficult area to teach, since there are many intangible aspects of personality. It requires the teacher's sensitivity to the feelings of others, as well as sound knowledge of adolescent growth and development.

Young people need to know that there are reasons for the way they feel, think, and act, and that they can improve themselves as they grow in understanding of them-

selves and others. It is natural for young adolescents to reach toward independence. They are sometimes puzzled by their feelings and by the attitude of others toward them. They should be helped to find positive, acceptable ways of expressing themselves. In this section, the development of good attitudes toward "growing up" in behavior, as well as in physical characteristics, is important. This teaching cannot be forced. The teacher should be careful not to make the pupil feel guilty about his shortcomings. The teacher should be able to draw from the students what are their special concerns and build the unit toward guidance in understanding and working out these problems. These concerns might be discovered through "comfortable" group discussion, individual conference, personality sketches written by the pupils about themselves, and other methods that will encourage them to express themselves freely and without embarrassment. The teacher should be able to guide pupils to build on their strengths. With the guidance of the teacher, they should learn how to build desirable personality characteristics. Experiences and understandings should include:

1. Personality characteristics

- a. Learning that personality in its broad sense is the sum total of all one's characteristics—that everyone has personality
- b. Learning that heredity influences personality
- c. Learning that environment influences personality
- d. Learning that physical growth and development influence personality
- e. Learning that personality can be changed, can grow and develop in desirable ways
- f. Understanding personal responsibility in cultivating desirable traits

2. Some ways of bringing about growth in desirable characteristics

- a. Taking a look at what he thinks are his strengths
- b. Taking a look at what he thinks are his weaknesses

- c. Learning that others often feel as he does about their personality characteristics
- d. Understanding that he has a need to be recognized, to be appreciated, to belong, to feel secure, and to develop acceptable ways of satisfying these needs
- e. Learning that he should not be ashamed of strong feelings, but should learn to control them
- f. Learning that he should build "a sense of values" which will help him to make wise choices
- g. Learning that some characteristics of a mature personality toward which he should strive are willingness to take responsibility, willingness to face reality, ability to take disappointment, ability to be independent and resourceful, ability to forego present pleasures for future more lasting benefits, willingness to try to understand and to live comfortably with himself, willingness to try to understand and to get along with others
- h. Understanding that there are underlying reasons for what people say and do
- i. Understanding the varied factors involved in building satisfactory relationships with other individuals such as brother, sister, mother, father, friends of the same sex, friends of opposite sex, and teacher
- j. Understanding that personal adjustments are a necessary part of group living, and that individual growth takes place if a person participates satisfactorily in a group
- k. Developing an understanding of the part that some of the social skills, such as conversation, competitive games, and dancing, play in group recognition and acceptance and in physical development

D. Personal appearance in relationship to personality

Young teenagers, at a time when characteristics of personal appearance are changing rapidly, need help in understanding these changes, in developing their assets,

What to Teach in Health, Grade 9 or 10

in overcoming their limitations when possible, and in accepting poor physical characteristics which cannot be changed. Problems such as acne are cause for great distress to many adolescents. Teachers can help them to understand this problem, to find sources of help in improving the condition, and to enjoy life in spite of this problem. Teenagers often need help in realizing that personal appearance is important, but is only one of many facets of a pleasing personality, and that friendliness, good humor, and a happy outlook on life are usually valued in friends more than appearance. Experiences and understandings should include:

1. Learning to appreciate and enjoy the assets of pleasing personal appearance without over-emphasis on these assets
2. Growing in acceptance of physical characteristics that cannot be changed
3. Developing habits to improve assets in personal appearance
 - a. Practicing care of teeth, hair, skin, nails, in order to build habits of cleanliness and good grooming
 - b. Learning that good teeth improve personal appearance
 - c. Learning that acne is often a problem of adolescents and finding ways of combating this problem
 - d. Understanding that clothing and shoes should be comfortable, clean, attractive, and suitable for the occasion
 - e. Learning that good posture improves personal appearance
 - f. Finding ways of improving posture which may present a problem at this stage of development
 - g. Learning that the wise choice of foods for body needs influences personal appearance
 - h. Becoming aware of the part good body mechanics plays in good health and attractive appearance
 - i. Learning that happy feelings will be evident to others in facial expression and posture

E. The relationship of personality to the use and abuse of beverage alcohol

Problems associated with the use and abuse of alcoholic beverages are so evident in contemporary society that instruc-

tion about these subjects in the public schools is recognized as essential. During the formative years of the early high school period, pupils need to become aware of the insidious effects of alcohol when it is misused. They need to know that for teenagers drinking is especially undesirable due to the immaturity of the body and the nervous system. Teachers should lead pupils in acquiring scientific information about alcohol and should offer wise guidance in choosing the best way of life in regard to the use of this potent and deceptive drug. Teachers should treat the study of alcohol in a strictly objective manner, being always aware that adolescents in whose homes alcoholic beverages are served socially may become emotionally upset when statements are made about individuals who use alcoholic beverages. On the other hand, young people who live in homes where alcoholism is a problem can develop understanding and sympathy for those affected by this condition when they learn the basic reasons why some people become alcoholics. It is essential that the teacher use good judgment in presenting the subject. Experiences and understandings on this subject in relationship to personality should include:

1. Understanding why people use alcoholic beverages
2. Understanding that alcohol may produce a false sense of well-being and social ease and an exaggerated feeling of importance
3. Understanding that alcohol may impair judgment, weaken inhibitions, increase reaction time of muscular reflexes, and cause behavior on a level lower than normal
4. Learning basic reasons why people become alcoholics and some of the warning stages in the development of alcoholism (See chart—*Phases of Alcohol Addiction in Males*, available from South Carolina Mental Health Department)
5. Developing an attitude toward the use of alcohol and the problems associated with its use which will lead the pupil to wise decisions in regard to its use now and in the future



6. Developing a sense of civic responsibility for the welfare of others relative to the problems of alcohol

F. The use of leisure time in personality development

Pupils should learn that wise use of leisure time influences personality development. Teachers should help them to recognize the need for recreation in developing a well-rounded personality. Pupils will be able to understand that it is well to cultivate interests and skills in a variety of types of recreation acceptable in the communities in which they live. Experiences and understandings should include:

1. Evaluating and planning leisure time activities that are available according to physical and emotional needs and satisfactions



2. Recognizing the value of individual participation in creative leisure time activities
3. Recognizing that sports and hobbies can bring pleasure and profit
4. Learning that homemaking skills can provide pleasure
5. Recognizing that reading can be an interesting and profitable activity
6. Learning some interesting and acceptable ways of entertaining friends—boys and girls

G. Choice of vocation in health

Many young people of the ninth or tenth grade are beginning to consider a choice of profession and to make plans for career preparation. Although they need information on many kinds of work, they should be able to get through their health studies information on the many kinds of health career opportunities open today. They need to consider personal characteristics, interest, and other factors in relation to making a choice of vocation. Experiences and understandings should include:

1. Learning of opportunities available in health careers
2. Understanding desirable characteristics and educational requirements of those entering these professions

H. Safety attitudes and first aid procedures

Most important for the adolescent is a good attitude toward safety. At this age it is normal for him to want to assert his independence and sometimes to rebel against restraints that have been placed upon him in childhood. He has been told that it is dangerous to drive a car too fast, to use one illustration, but it is very hard for him to resist the temptation to feel the surge of power in the pickup of speed, and it is even harder to resist the approval of fellow teenagers in his daring. He should understand that the ever increasing complexity of the world in which he lives makes safety precautions more important to each individual, not only for his personal safety, but for the safety of others. Developing adequate individual and group attitude toward safety practices is an im-

What to Teach in Health, Grade 9 or 10

portant goal for this group. Democratic procedures in helping young people to establish sensible rules and regulations for themselves should help to establish good safety attitudes.



Practical, simple first aid procedures should be taught. Many young people of ninth or tenth grade have already learned some of these procedures in elementary school and in such organizations as the Boy or Girl Scouts. A check should be made to find out what they know and what they still need to learn about what to do in case of emergencies. At some time in the junior or senior high school, a concentrated unit in general first aid should be given, and the ninth or tenth grade is the year suggested. The teacher should have had training in first aid. Teaching materials from the Red Cross and other sources are suggested. *Recommended Procedure for Emergency Care of Sickness and Accidents Occurring at School*, available from the South Carolina State

Department of Education, should also be used. Experiences and understandings in safety and first aid for grade 9 or 10 should include:

1. Safety

- a. Continuing emphasis on safety practices in swimming, boating, and other sports, walking and riding on streets and highways
- b. Understanding how to cope with camping and other recreational dangers
- c. Learning safety practices in supervising young children, including baby sitting
- d. Learning to help establish good safety practices for the family
- e. Learning to identify and helping eliminate hazards in the home and the school
- f. Understanding that all mechanical equipment and tools need proper use and care for safe operation
- g. Developing good attitudes and practices in driving an automobile
- h. Understanding that physical and emotional factors within himself may contribute to accidents in the home, on street, and highway

2. First aid procedures

- a. Learning methods of general first aid
- b. Learning what to do and what not to do in an emergency
- c. Learning what constitutes minimum first aid supplies and equipment and how to secure and use them
- d. Learning the school emergency care plan

What to Teach in Health, Grade 11 or 12

To the Teachers of Grade 11 or 12

The areas of health suggested for eleventh or twelfth grade are *family health* and *community health*. Experiences and understandings in these areas should be built on the knowledge and attitudes developed through the study of personal health in grade nine or ten. The emphasis moves from personal to family and community. Most young people of these grade levels should find well-directed study on these subjects useful, whether they go to college or whether they assume the responsibilities of earning a living and becoming homemakers soon after they leave high school. Youth will be interested in the families in which they have grown up and also in their own future family life for which they will have chief responsibilities. In community health, they will be looking toward citizenship and community responsibilities.

The suggestions included in this section have been planned for a half-year course. It is possible, however, to plan family and community health study in a half-year for each of the two areas or as units in such subjects as home economics, agriculture, social studies, physical education, science, or family living. When family and community health are taught as two units of a health course, they may be taught separately,

as organized in this section, or blended into one. For example, the subject of environmental sanitation may be taught as a problem of the home and the community. Other areas of the two units could be organized in the same way, following the problem approach through family and community needs and services.

Much has been written on the subjects of family and community health, but only recently has some of this material been adapted for high school use. A bulletin on health services of some South Carolina State agencies has been developed for use by teachers and pupils in the study of community health. This bulletin, *Health Services of Some South Carolina Agencies*, is available from the State Department of Education as a supplement to this guide.

In planning for health teaching in grade 11 or 12, teachers should review "Characteristics of Boys and Girls" in Chapter II. They should also use copies of the suggested planning and record sheet, which follows this page, or a similar form developed by the school, in organizing for health teaching in grade 11 or 12. Reference should be made to Chapter IV for suggested methods of teaching and to Chapter V for suggested materials and resources.

What to Teach in Health, Grade 11 or 12

SUGGESTED PLANNING AND RECORD WORK SHEET

(Copies of this page should be made available to each teacher of grade 11 or 12 who has some responsibility for teaching health)

Grade 11 or 12 Grade _____, Year _____, Teacher _____

Scope as Outlined in Guide	Separate Course	Correlated With	Time Allotted	Special Activities	Special Materials
I. Family health					
A. Family relationships influencing health					
B. Clothing and foods for health of the family					
C. Healthful and safe home environment					
D. Health protection and emergency care for the family					
E. Preparation for family living					
II. Community health					
A. Community health needs and problems					
B. Community health and safety services					

Suggested Experiences and Understandings, Grade 11 or 12

I. Family health

The home, church, school, and other community organizations share in the total responsibility for the education of boys and girls for family health. Some purposes of education for family health are to help senior high school girls and boys increase their understanding of what makes a good home and develop some understanding of the problems and responsibilities for family health of each family member.

In developing the content and procedures in family health, the teacher should consult parents, school administrators, and other persons in the community who have special interests and abilities in this area. When organizing this area, the teacher should keep in mind local attitudes and mores of people and should provide for the needs of adolescent boys and girls. Provision can be made for individual differences by recognizing that everyone—whether single, married, young, or old—has experiences in being a member of a family group. Pupils should share in planning content, experiences, and materials to be used. Great care should be taken in selecting materials from authentic sources and in selecting competent resource people in the community.

The family is the basic social institution in modern civilization and its continued success is dependent upon the mutual cooperation of its members. Each member of a family is responsible for the total health of the family through assuming responsibility for individual health and through helping to meet health needs of other family members.

Throughout the study of health, from the first grade through the junior high school years, the emphasis has been on learning to assume responsibility for one's personal health. Senior high school boys and girls can understand and appreciate some of the factors which bring security and happiness to an individual through living as a contributing member of a good home. The teacher should be careful not to embarrass pupils about their own homes. The teacher should develop pupils' desire to help in the elimination of possible unhealthful conditions in the home, to understand family

members, and to be tolerant toward them. They should recognize that every family has problems which are more easily solved when parents are prepared for their responsibilities and when all members of the family help in accordance with their abilities. Within his own family group, the pupil is in the process of preparing himself to make the adjustments and to gain understandings necessary to help him to build his own family group in the future.

Topics which should be considered in family health are family relationships, food and clothing, environment, health protection and emergency care, and preparation for adult responsibilities for family living.

A. Family relationships influencing health

Families vary in size, in roles of their members, and in their health needs. The typical family includes mother, father, and children. Many families also include grandparents and others. Throughout the study of family health, the basic roles and



health needs of each family member should be kept in mind. Family relationships influence the health of these family members. Some understandings and experiences in family relationships influencing health should include:

1. Developing an understanding of the basic roles and health needs of individual members of the family including:
 - a. The mother
 - b. The father

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- c. The infant
 - d. The pre-school child
 - e. The child from 6-12 years
 - f. The adolescent
 - g. Young adults
 - h. Older persons
2. Developing an understanding of the influence on health of family relationships
- a. Recognizing that the emotional tone of the home is vitally affected by family relationships and the way members of the family feel and act toward one another
 - b. Learning ways of meeting problems and lessening tensions in the home
 - c. Cultivating attitudes of consideration, patience, loyalty, and tolerance in the family
 - d. Learning how to meet the special needs of family members who are handicapped
 - e. Sharing in family responsibilities
 - f. Cultivating a "sense of values" in relation to family health
 - g. Planning with others in the family for health
3. Evaluating patterns of family living as they affect the health of the family group
- a. Evaluating patterns of daily routines of work, rest, sleep, and play related to the family group
 - b. Evaluating personal health habits of each individual in the family as they affect the family group
 - c. Evaluating the effect of the locality of the home on patterns of living and health
 - d. Evaluating the effect of increasing family mobility on family health
 - e. Evaluating the relationship of the choice of vocation or profession to individual or family health
4. Evaluating social relationships and activities as they affect the health of the family as a whole and recognizing the

responsibility of family members in making wise choices

- a. Recognizing the fact that recreational activities enjoyed together are necessary for family groups and strengthen family unity



- b. Recognizing that each member of the family should be considerate of others in the use of books, radio, games, car, television, and other possessions used in recreation
 - c. Recognizing the influence of the home and the family on attitudes of young people in making choices in regard to the use of alcoholic beverages
 - d. Recognizing that such community groups as the church contribute to the social health of the family
- B. Clothing and foods for health of the family
- Boys and girls are accustomed to thinking of foods and clothing in relation to their personal interests and needs. They should understand that these are two very important factors in family health and that the needs of some family members may differ from others. Experiences and understandings should include:
- 1. Meeting the clothing health needs of the family through:
 - a. Cleanliness
 - b. Adequacy for the climate and appropriateness to the occasion
 - c. Fitting of garments and shoes
 - d. Psychological effect of clothing colors, styles, and fads

What to Teach in Health, Grade 11 or 12

2. Meeting nutritional needs of the family by:

- a. Planning family meals to meet the needs of different age groups
- b. Encouraging family members to eat well-balanced diets, recognizing that modified or special diets should be prescribed by a physician
- c. Learning principles of preparing and storing foods to retain their maximum nutritive values
- d. Learning precautions in providing clean, safe food
- e. Learning to use the food dollar wisely
- f. Learning about community nutrition and food services available to families
- g. Learning to plan for foods today as related to such possible future family health conditions as pregnancy and weight control
- h. Learning that childhood and youth food habits influence well-being during the entire life span
- i. Learning ways food is used for such purposes as recreation, entertainment, and emotional needs
- j. Learning that being prepared with necessary foods for military or natural emergency is essential for survival

C. Healthful and safe home environment

Environmental factors influencing family health include safety, sanitation, and comfort in the house and outside the house. Understandings and experiences in this area should include:

1. Understanding factors in the environment as they influence family living in the home and community
 - a. Learning how safe, clean water can be supplied for the house
 - b. Learning safe and clean sewage disposal methods for the house
 - c. Learning that it is important to keep the house in good repair
 - d. Learning what constitutes adequacy in the following areas and their influence on both physical and emotional health:

- (1) Screening
 - (2) Ventilation
 - (3) Heating
 - (4) Lighting
 - (5) Refrigeration
 - (6) Colors and interior decorating
 - (7) Size of the house in relationship to total family members
- e. Learning methods of insect and rodent control in regard to:
 - (1) Selection and use of insecticides and rodenticides for control of insects and rodents, and proper precautions in their use and storage, since some are poisonous to humans
 - (2) Storage of foods for protection against insects and rodents
 - (3) Proper disposal of garbage
 - f. Learning how to clean the house, select good cleaning materials, and store cleaning materials properly
- ### **2. Considering safety in general living in home situations**
- a. Building design and construction
 - b. Storage space
 - c. Electrical current and outlets, wiring
 - d. Kitchen equipment
 - e. Floor levels and first floor sleeping space
 - f. Lighting for stairways, basements, hallways
 - g. Stairways, rugs, bath areas
 - h. Play areas and equipment
 - i. Garden and yard tools such as power mowers and swing blades
 - j. Outbuildings
 - k. Ponds and lakes

D. Health protection and emergency care for the family

Health protection for the family should include plans for preventing accidents and illnesses, taking care of emergencies, first aid, and home care of the sick. Senior high school boys and girls can understand the advantages of the security which health insurance gives a family. They can also understand the importance of choosing a physician and a dentist in whom the family has confidence. Understandings and experiences in health protection for the family should include:

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1. Learning how to care for emergencies in the home
 - a. Reviewing briefly first aid procedures necessary in the home
 - b. Learning when, how, and whom to call for help in emergencies
 - c. Learning what to report to the doctor in case of accident or illness
2. Learning how to care for the sick in the home by studying
 - a. Methods of washing dishes used by the sick
 - b. Methods of disposing of body wastes and nasal and throat discharges
 - c. Care of linens and clothing used by the sick
 - d. Methods of cleaning of rooms during and after illness
 - e. Aids for the comfort of the patient
 - f. Methods of taking care of the personal needs of the patient, including giving a bed bath
 - g. Methods of caring for family members who have extended illnesses
 - h. The need for a physician's approval before resuming normal activity
3. Planning for the control of communicable disease in the home
 - a. Protecting health through inoculation
 - b. Securing information on communicable diseases from reliable sources
 - c. Learning and carrying out the necessary precautions against the spread of disease
4. Considering health protection for the family
 - a. Choosing the family physician
 - b. Choosing the family dentist
 - c. Studying types of health insurance
5. Evaluating sources of health information and advertising
 - a. Spending the health dollar wisely
 - b. Learning good sources of information on health

E. Preparation for family living

As the teenager learns to make new friends and finds social acceptance in his own group, he gains experience which he can

use in establishing and maintaining his own family group in the future. He should understand that making friends, dating, and courtship are logical and normal steps leading to marriage and establishment of a family. He should also understand some factors that help to build and maintain strong family unity and stability, including moral and spiritual values and personal enrichment through cultural activities. He should understand that essentials of a satisfying family life are love, respect, and consideration for others. Some experiences and understandings in preparation for family living should include:

1. Understanding the importance of associating with many boys and girls and identifying desirable characteristics which may form the basis for close friendships
2. Understanding how to gain social acceptance by individuals and groups
3. Understanding the importance of love in emotional and social development and recognizing that there are different kinds and degrees of love
4. Learning some of the influences of dating and courtship on marriage
5. Knowing that the engagement period should result in understanding and planning for resolving problems which affect successful marriage, such as religion, money, physical adjustments, children, friends, and relatives
6. Understanding that satisfactions and joys of living depend not so much upon material possessions as upon people and ideas with which they come in contact
7. Understanding some responsibilities of parenthood
8. Knowing the contributions of such professional people as physicians, clergymen, youth group leaders, guidance counselors, and marriage counselors in helping young people to understand factors in successful family life
9. Knowing sources of authentic information for continuing education for family living and how to make wise use of these sources

What to Teach in Health, Grade 11 or 12

II. Community health

The major purpose of instruction in community health should be to create an awareness in the individual of his share of responsibility for the health of all those living in his community. He should begin to see more clearly that his welfare is affected by community environment, facilities, and services which continue to be made available only through cooperation of the people of a community. The teacher's first responsibility is to lead pupils to see that through working with other community members they and their families can secure and maintain health benefits which they could not secure for themselves working individually or as a family.

In senior high school classes, the teacher will find young people who are about to terminate their formal education and take their places in adult society. Many of them will marry, build homes, and begin to share civic responsibilities. This gives the teacher an opportunity to focus their attention on discovering and identifying local health problems. Once the young people become concerned with local problems, they can study facilities and agencies available to help solve these problems. This may lead to an awareness of a need for services not available at present. How to procure such services may become a class project. Instruction should be adjusted to the background pupils have had in personal and family health. They should have developed some concepts of community health in relation to personal and family health. The teacher should build on these past experiences in helping young people to learn what the health resources of their community are, how they, their families, and their neighbors can use these resources wisely, and how they can help to improve the health of their community. The teacher should help pupils to see that the community begins with the home and the nearby surroundings and that it widens to include the city, the district, the state, and the nation. Senior high school boys and girls should also have some concept of today's speed in travel and communications which have implications for the relationship of community health to world health. They should understand that international

health programs are now in operation throughout the world.

As these boys and girls look forward to sharing community responsibilities, they need to learn the importance of community planning and how they can share in it. Committee assignments, fact-finding surveys, and sharing and evaluating information in dynamic class discussions can be used to teach techniques of planning cooperatively. Great care should be taken to avoid the teaching of community health as cold factual information. The teaching of community health must be problem-centered, organized, and related to present interests and future plans to be meaningful.

A. Community health needs and problems

Pupils should learn that health problems vary according to environment, economy, education, and other factors. Because health problems vary from community to community, the skillful teacher will begin with the students in their own community and will help them to face realistically health matters of a community nature which are their personal concern.



In this section some methods of identifying and solving health problems are listed. While it is not intended that all these experiences be used, they should serve as a guide in approaching a study of community health. Under the teacher's guidance, pupils should recognize ways to discover problems, to learn why they exist, and to do something constructive about them.

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Experiences in the study of community health problems may include:

1. Discovering health problems in the community by:
 - a. Compiling a list of health problems which pupils know exist
 - b. Talking with doctors, dentists, nurses, hospital superintendents, and community leaders
 - c. Touring the community to observe sources of water supply and other environmental sanitation facilities
 - d. Collecting information through questionnaires
 - e. Surveying the community by interviewing every family in a given community for needed information
 - f. Sampling—interviewing a sampling of families representative of various types of families in the community
 - g. Gathering information on such subjects as food needs and sources based on studies made by research specialists, school lunch personnel, and others
 - h. Studying forms used for getting information on inspections by sanitarians and others
 - i. Using available statistics and developing a method for securing needed data where statistics are not available
2. Discovering causes of identified health problems by:
 - a. Relating family income to ability to pay for needed services
 - b. Studying housing conditions
 - c. Analyzing population growth and crowded living conditions
 - d. Studying influences of climate, soil, water, atmosphere, and radiation on health
 - e. Learning what facilities and services are inadequate to meet people's current needs
3. Learning how to do something constructive on health problems through:
 - a. Planning cooperatively to meet present and future community health needs by organizing health committees and councils
 - b. Utilizing existing health services and facilities

- c. Investigating ways of providing needed community services and facilities
- d. Studying examples of successful co-operative community health programs developed in South Carolina and elsewhere
- e. Discovering how laws contribute to the solution of health problems
- f. Learning what steps to take in securing legislation on health problems
- g. Learning how citizens may pool money, land, time, and labor in gaining better health for themselves
- h. Planning group purchasing to make it financially possible for individuals to secure hospitalization insurance, water supplies, sewage disposal systems, and other such things needed for health protection

B. Community health and safety services

The teacher should help students to understand in a general way the nature and scope of health services available in the community. These services should not be learned by rote but should be studied in relation to the local health problems which the class is considering.



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While health is each individual's own responsibility, there are many vital health services which are beyond the individual's ability to provide for himself. Through organized effort, communities have set up services and facilities from which each individual derives health benefits.

Responsibilities for health services are established in many ways in various communities. In general these services are rendered by private practitioners, government agencies, voluntary health agencies, and civic groups. The student should be helped to understand the roles of these groups and to relate them to community health problems. Understandings and experiences on health services should include:

1. Studying the roles of physicians, dentists, and nurses in community health
2. Exploring the health services available from governmental health agencies
 - a. Learning what public health is
 - b. Discovering that public health services in the community include disease control, maternal and child health, vital statistics, dental health, sanitation, health education, and many other areas
 - c. Learning that public health recognizes trends and plans for meeting future needs pertaining to water and air pollution, radiation, safety, aging, occupational health, alcoholism, disaster preparedness, and other health and safety problems
 - d. Finding out what mental health is and what mental health services are available
 - e. Learning about hospitals and institutions operated for patients needing special medical care
3. Discovering that some of the other governmental agencies render some health and safety services—finding out the health interest of state groups and their local and national organizations in such areas as education, vocational rehabilitation, agriculture, highway, civil defense, welfare, and others
4. Exploring activities of voluntary health agencies—finding out about some state groups and their local and national organization which work in such areas as cancer, crippled and handicapped children, heart, mental health, safety and first aid, tuberculosis, and other health areas
5. Exploring the health services of such community clubs and organizations as the Parent-Teacher Association, men's service clubs, and women's clubs
6. Studying the supplement to this guide, *Health Services of Some South Carolina Agencies*, developed especially for South Carolina schools by state agencies and organizations offering community health services (This book, organized in three sections—Government Agencies, Voluntary Health Agencies, and Professional Organizations—was compiled by the State Department of Education and is available to schools for use by pupils and teachers as a resource in the study of community health services. *Directory of Health Services for Children and Youth*, South Carolina, 1966, gives similar information.)
7. Considering personal responsibility for developing, maintaining, and using community health services
8. Learning about international health problems and problems for the control of disease and improvement of health throughout the world

Chapter IV

SCHEDULING, METHODS OF TEACHING, AND EVALUATION

GRADES K-12

To help pupils feel that health is vital and interesting is a challenge to the teacher who recognizes that methods of teaching influence children and youth in developing health concepts and practices.

This chapter includes suggestions for Grades K-12 on methods of teaching health and scheduling health instruction in the curriculum. In general, it will be necessary for administrators and teachers to select from these suggestions methods of organizing, scheduling, and carrying out health instruction that can best be adapted to the individual school and grade level. Illustrations have been chosen over a wide range of situations, some of which are specific for certain grades in the elementary or the high school. The most important factor to consider is that children and youth need experiences outlined in the preceding chapter of this guide, and provision should be made to include them in the school curriculum. These experiences and understandings can be adapted and developed to conform to different plans of scheduling and methods of teaching. Suggestions in Chapter I, closely related to problems of scheduling and organizing health instruction, should be reviewed in this study.

Suggestions for Including Health Teaching in the School Curriculum

Health instruction *must* be included in the school curriculum, (*School Laws of South Carolina*, Issued by the State Department of Education, 1962). *Health should be scheduled in direct teaching in separate courses or in other curricular patterns. In addition, it should be taught indirectly as a part of daily school activities and programs. Indirect teaching is influenced by such*

factors as daily school routine, special school activities, safe and healthful school environment, attitudes and practices of the school staff, and the attitudes of pupils as they learn by participating in the entire school program.

Scheduling choices in direct health teaching depend upon the prevailing curriculum plan in the school and the grade levels at which health is to be taught. Most elementary teachers actually follow various combinations of curricular patterns, suited to the subjects, the pupils, and the school philosophy. High school teachers are much more restricted in individual choice because of departmentalization and necessary conformity to the over-all school schedule. Certainly the skilled, creative teacher in the elementary or high school recognizes and teaches relationships of health with other subjects, regardless of the pattern of scheduling.

Brief discussions of plans for scheduling health instruction are included in this section. More detailed discussions may be found in excellent textbooks on methods included in *List of Selected References in Health*.

Teaching Health in Separate Subject Courses

Separate courses are the most widely followed approach to scheduling subjects in the elementary and the secondary schools. Subjects are organized in sequential topics for which a definite time and place in the various grades are apportioned. Under this plan, health and safety can easily stand alone as an entity, since they are regarded as fundamental requisites for effective living. In schools that organize the curriculum into periods of a certain number of minutes each day or week for study of various subjects, provision

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should be made for health and safety as in other subjects.

According to Irwin, Cornacchia, and Staton in *Health in Elementary Schools*,¹⁰ this is the most acceptable plan for scheduling health in the elementary school. These authors further state, "A second possibility [for scheduling health teaching], and this is clearly a compromise, is to combine health and safety with science. Science is already well-established in the elementary curriculum and most science texts and work books give some attention to health concepts. However, as experience shows, this is not enough. If health and safety are combined with science, the chances are great that science will receive the 'lion's share' of time and emphasis on health and safety will be included almost as an afterthought or 'time killer'."

Wise selection and use of textbooks in both health and science will help teachers provide an equitable apportionment of time for fundamental concepts in both these significant areas.

When *grades 7 and 8* are organized as part of a junior high school, the curriculum is often crowded with restricting requirements which sometimes make it difficult to teach health as a separate subject. Since health instruction is required, the school administrator must include this subject in the curriculum in *either grade 7 or 8 in direct teaching and in both grades in indirect teaching*. The separate subject plan is preferred as more effective, especially during this period of early adolescence. Other possible plans for scheduling direct health teaching suggested later in this section should be carefully planned, coordinated, and evaluated.

In senior high school, scheduling health instruction as a separate subject is also considered the most effective plan. Decide first at which grade levels health will be taught and the content to be included in the course. Then plan scheduling in accordance with the over-all pattern of scheduling other subjects. A classroom designed and equipped for health teaching should be provided; and a teacher prepared to teach health should be assigned this responsibility.

According to Irwin and Mayshark in *Health in the Secondary Schools*,¹¹ "The most acceptable scheduling of health instruction is a full-year course which meets five days a week. A frequent

but less acceptable alternative is a half-year course, eighteen weeks, still meeting five days a week."

Teaching Health in Extended Blocks of Time

One possibility for incorporating health into the total program may be found in the extended block of time scheduling. This type of program is sometimes referred to as the integrated or core program. Here the daily program may be divided into two or more blocks of time with the blocks covering two or three regular class periods. For example, one or more subjects may be integrated with health in one of the blocks. At times, each subject will receive independent attention when the need for meaningful practice arises. The educational background and interest of the teacher would influence the choice of subjects to be combined.



Another interpretation of the block of time scheduling is sometimes used in junior and senior high schools when it is necessary to combine two subjects such as health and physical education. Under this plan, health and physical education are scheduled in alternating blocks of several weeks each. The year is divided into equal blocks of time for health and physical education. Health is taught on consecutive days in a block of several weeks, alternating with physical education taught on consecutive days in an equal block of time. This gives pupils a half year of health and a half year of physical education. It appears that the longer block of time (nine weeks or six weeks), which has been used in some schools, has distinct advantages over the shorter block (one week or two weeks), which has been used in others. Units may be completed in the longer block and greater variety in methods can be used.

The block plan for scheduling the health and physical education combinations, though generally

¹⁰ *Health in Elementary Schools*, Second Edition, Irwin, Cornacchia, Staton. The C. V. Mosby Company, 1966. Pages 172-175.

¹¹ *Health Education in the Secondary Schools*. Irwin and Mayshark. The C. V. Mosby Company, Saint Louis. 1964. Pages 124-125.



less successful than the separate subject course, is by far superior to the three-day, two-day plan, or the every-other-day system which has been used by some schools in the past. This plan has been used where physical education facilities have been shared by boys at one time and by girls at alternate periods. This two-day, three-day basis is less satisfactory because of lack of continuity in both subjects that share this type of interrupted scheduling.

Teaching Health in Correlation with Other Subjects

Health and safety bear many close and natural relationships to science, physical education, social studies, mathematics, music, art, home economics, and all other areas of the curriculum. Health and safety may be scheduled through correlation with one or more of these subjects, although the correlated subjects should retain their identities. Teaching by correlation is much more effective in the elementary level in the self-contained classroom than in the high school where it may be unrealistic to expect special subject matter teachers to use correlation techniques. If the correlation plan of scheduling health is used, especially in the high school, the *grade level*, the *topics to be correlated*, the *content to be covered*, *materials to be used*, and the *necessary number of class hours* should be designated for each subject to be correlated. This information should be kept on record in the school administrator's files for each pupil participating in the plan.

Health is also taught less formally by correlation with other educational interests whenever timely and appropriate, especially in developing units in the elementary school. Health can often be quite naturally tied in with projects that deal with such topics as foods. Elementary pupils may learn in social studies about places where certain foods

are produced and food customs in other lands. In language arts they may write or make oral reports about topics connected with the subject of foods. In science they may study the scientific production of foods or the nutrient values of certain foods. In mathematics they may learn something of the wise spending of money for food.

In the high school are additional areas like home economics, in which the pupil may study food production and marketing, and physical education, in which the growing adolescent may become interested in foods for body building.

Teaching Health in Problem Centered Scheduling

This plan for including health teaching in the curriculum may be centered for a period of time around a health problem that has been discovered in the school or in the community. Although the emphasis is on the health problem, other subjects may contribute to the development of ideas and the course of action in solving the problem. The total school curriculum may, for a time, be built around a particular health problem. In one school, a series of accidents prompted a study of causes and possible preventive measures. It was found that most of the accidents might have been prevented through better cooperation in the use of school facilities and equipment, improvement in arrangement of facilities, and better safety practices. The school decided to work on this problem, formed committees, planned the program, and went to work. Through the planned program, responsibilities were delegated; school and community interest was stimulated; causes, effects, and relationships were studied. The results were effective and lasting.

Problem centered scheduling is related to the "areas of living" or experience curriculum. The focus is on real life experiences and activities of the pupil, his family, and his community. The emphasis is on desirable individual and group activities rather than on subject-matter outcomes. The curriculum includes fundamental social functions such as communication; conservation of human, physical, and natural resources; recreation; and family living. Health and safety are well suited to this type of curriculum.

Teaching Health through Healthful Living at School

In addition to planned scheduling for health instruction, teachers and administrators should be

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alert to opportunities for teaching throughout the school day through healthful living in the school environment and by capitalizing upon interesting events and activities. These indirect methods of teaching are very effective in supporting the scheduled instruction program.

If instruction is to be meaningful, opportunities for healthful living must be consistent with what is taught. There should be opportunities for putting health knowledge into practice. When the daily schedule is arranged with at least 30 minutes for lunch, when hand washing before lunch is part of the daily routine, when safety practices are followed, when provision is made for care in case of accident or illness, when the school environment is safe, clean, and orderly, health is being taught indirectly.

There are special school programs through which the teacher may naturally tie in health teaching. The school lunch provides a natural setting for pupils to develop desirable food habits, to become better informed as to the kinds and amounts of food needed for the body, and to practice social graces and courtesies. There are many opportunities also for correlating the school lunch program with classroom activities. Through the cooperation of the school lunch manager and third grade teacher in one school, the children built and furnished a good health store. Foods for the store were secured from the school lunch unit and actual foods "sold" one day were served during a tasting party. Tasting parties helped the children to learn to eat raw vegetables, fruits, and new food combinations.

Health teaching is tied in with healthful living at school when the teacher uses the environment to reinforce learning. When pupils actually check the lighting with a light meter for adequacy, when they help to take care of classroom ventilation, when they make a school survey of safety hazards, when they are using the environment to give meaning to learning. The safety patrol program is also an excellent channel for teaching and practicing health and safety rules. The school guidance program offers opportunity for counseling on personal health problems on an individual or a group basis. The school athletic program, which provides opportunities for physical activity and the development of sportsmanship, can also support important personal health practices. The personal example of the teacher's health practices is also a great influence among pupils.

Teaching Health through Tie-in with Other Areas of the School Health Program

Health instruction should also make the most of educational values of other experiences of the school health program such as health services. For example, when vision screening, testing of hearing, dental services, or physical examinations are to be given by health personnel through the school, the teacher should find out from the school administrator, nurses, and other health representatives about the procedures to be used and should prepare the pupils for these services in a manner suitable to their maturity level. Very young children need just enough information to give them a feeling of security about the procedures. Older pupils can understand more reasons for procedures followed by the doctor or others who provide the services. Understanding the purpose and the procedure to be used should help pupils to accept the health services which they need. This may also influence them to seek and select the services necessary to promote and maintain health in the future.

Teaching Health through Capitalizing upon Interesting Events

Another way of including health teaching indirectly is by capitalizing upon interesting events as they occur. Situations which are not planned, but which are dramatic and out of the ordinary, often excite interest among pupils and make them especially receptive to teaching. An accident, a news story about a medical discovery, or similar incidents with health implications may form the basis for animated discussion and for seeking authoritative opinion from consultants or reference materials. Such events as a trip, a holiday, a party, or a birthday may suggest a health interest. Personal experiences of members of the class can appropriately serve as learning situations for the group. Teachers should be careful, however, to include only those personal experiences which would not thoughtlessly embarrass the pupil involved. Teachers and administrators should also be careful not to over-dramatize incidents related to health, especially those that are negative and lend themselves to fear psychology. Over-emphasis on disease or accidents may develop neurotics with needless worry about imagined ills and problems. A positive approach to health teaching should be used, especially with younger children.

Suggested Methods and Techniques of Teaching Health

The process of learning takes place within the individual and is influenced by the *methods* and *techniques* which the teacher uses. *Method* refers to the organized ways used by teachers to achieve objectives. *Techniques* are more specific devices used to achieve goals. Method and technique must be a dynamic, flexible force which adds spark to the teaching process and helps to bridge the gap between knowledge and behavior that protects and maintains health.

When selecting and using methods for health instruction, teachers should be concerned with the behavior-centered emphasis and the principles of learning.

Some methods and techniques based on principles of learning are discussed briefly in this section as they are related to the teaching of health. More detailed descriptions of methods can be found in textbooks and other sources. Illustrations of methods used by some South Carolina teachers are described in *Examples of Successful Health Teaching in South Carolina Schools*, a supplement to this guide.

Problem Solving

The problem solving method, already discussed in relationship to scheduling health in the school, is especially well suited to health teaching. This approach should be used in the individual classroom as well as in over-all school planning, when problems of interest to the class are discovered. Pupils seem to have a natural interest in problem solving of any type within their scope of understanding and ability. At almost any age, they recognize problems dealing with accidents and the need to know what to do in emergencies. They recognize that colds and other diseases make them ill and curtail their activities. Teenagers have to cope with social problems such as whether or not to drink and smoke in order to appear mature to friends. Many teenagers have complexion problems. They have the problem of choosing careers, some of them in health professions. As they grow older, pupils are also interested in school and community problems dealing with environment, recreation, and disease control.

Taking part in problem-solving situations equips the pupil to cope more effectively with problems involving his own health and that of others, since one objective of this method is to develop reflec-

tive thinking. In fact, problem solving is not necessarily a specific specialized method, since it is used in practically all methods of teaching in varying degrees. Almost any area of health can be taught through the problem-solving method, which seems to be the most practical method to develop desirable attitudes and practices in health. Pupils who use the scientific approach learn how to reason, to evaluate information, and to distinguish fact from fiction. Teachers may follow certain steps in guiding pupils in problem solving. They may recognize the problem; define it; select methods of procedure; collect, interpret, and organize pertinent data; prepare conclusions and apply them in solving the problem of instituting a plan of action.

The Unit Method

The unit method of teaching may be developed in many different patterns of organization. Basically it is one of the best means available of organizing more meaningful learning experiences in health related to a central theme or problem. In health and safety, the unit helps to assure a sound, logical presentation of subject matter, built around fundamental concepts and major problems of pupils and the community.

The resource unit serves as a source of information for the teacher in planning a more detailed learning unit to be used with a specific group. This *Guide for the Teaching of Health* is one type of resource to be used by the teacher along with other resources in planning a teaching unit. The teaching unit usually includes such items as expected outcomes, content, activities, methods, teaching aids, evaluation, and references.

Care should be taken that problems are identified and specifically stated so that pupils can understand them and make an effective approach toward their solution. Approaches might include:

1. Prepare for introduction of the unit with bulletin board displays and visual aids, or seize upon some item of high current interest as a focal point. Have basic materials available.
2. Involve pupils in the planning. Discuss what they already know about the problem. Be sure that the important questions are included. List the questions for future reference.
3. Divide the class into committees or use other procedures to find the answers to specific questions.

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4. Take adequate time to let the committees or individuals find their answers and prepare their reports. Evaluate progress frequently.
5. End the unit with a culminating activity in which findings and conclusions are reported—either to the class or to the whole school—by written or oral reports, by displays, by dramatizations, or by some other method.
6. Use findings and conclusions as a basis for action.

Lecture—Textbook Assignment— Recitation Method

The traditional *lecture* by the teacher or some other person, with pupils taking notes, is better suited to college teaching than to the public school, especially in the elementary grades. It may serve a useful purpose, however, in presenting some types of information and should be reserved for such occasions.

The *textbook assignment*, with pupils studying and then reciting answers to the teacher's questions, is another traditional method. The fact that much health teaching has not resulted in good health practices may be due in part to the fact that some teachers have relied too heavily upon this method. This type of health teaching, when the teacher routinely assigns the next few pages and the next day's recitation is devoted to answering questions on the text, has received much criticism.

Good textbooks can be used as very effective teaching tools, however. They can be the chief source of health information for study by the class, though other good sources should be used also. All state-adopted health texts should be available in the school for reference. Other good printed materials should supplement the text. Many modern health textbook companies suggest supplementary materials and furnish some to teachers on request. They also offer suggestions on methods for developing the teaching units included in the text and give background information that the teacher may need. Criteria for selecting textbooks is included in Chapter V, "Materials and Resources."

Programmed Instruction

Programmed instruction presents course content as a sequence of questions and answers, or problems and answers, which gradually increase in degree of difficulty. A program consists of the

information provided in a teaching unit, lesson plan resource unit, or course of study, in whole or in part. Programmed instruction is a form of self-instruction in which the problem or question is presented to the student through printed materials or visual aids. He records his response and immediately checks his answer for accuracy. He is able to proceed at his own pace.

When a suitable instrument can be found or developed, this type of instruction helps the teacher who may not have a thorough background in certain areas of health or the individual who wants to explore a problem further. The subject of venereal disease, a growing concern among high school pupils, is one which lends itself to this type of instruction. A book on this subject, available from the National Education Association, has been developed for programmed instruction and is being used experimentally with success in some schools. The author suggests, in addition to the text, the use of class discussions and films. Pre-testing and post-testing are also used in evaluating knowledge acquired by the student.

Team Teaching

In team teaching, a group of teachers of the same subject or related subjects, work together in planning, developing, and evaluating the educational program of a comparatively large number of students. They pool their resources and talents to provide students with more effective learning opportunities. Elementary teachers have used this method for years in sharing competencies in subjects like art and music. Flexible scheduling, a concept attracting attention and experimentation, is necessary if team teaching is successful in the high school.

Variety in Procedures

Vary teaching methods and techniques to stimulate interest and to appeal to different groups in different situations. Some procedures that may be used to lend variety to health teaching are group discussions, panels, buzz sessions; reading and reporting; dramatization and role playing; games and health songs; surveys; field trips; experiments and demonstrations.

Group Discussions: Panels, Buzz Sessions

Through group discussion pupils have an opportunity to participate actively in giving information, expressing their views, and getting an under-

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standing of the problems, viewpoints, and feelings of others about health. This is perhaps the type of experience most often provided in teaching. In the primary grades, the discussion is naturally informal, giving the children an opportunity to ask the questions that they want answered. Such questions, while not always of major import, can do much to enliven health instruction as well as to keep pupils interested, wondering, curious. Since even the best health teaching today cannot envision all the progress of tomorrow in the area of medical discoveries, it would seem wise to foster the spirit of inquiry, so that children will want to go on learning all their lives. In response to questionnaires, children have asked such questions as "How do you know for sure that a new tooth will come in? Why do you have to wash your hands when they look clean? What is that thing the doctor puts to his ear? How much blood can you lose and still stay alive? How does a cut heal itself? Questions like these in class discussion provide wonderful enrichment, and a chance for pupils to use a variety of ways of "finding out" by asking parents, the school nurse, the family doctor and by using reference books.

Group discussion techniques can be successfully adapted to all grade levels with the teacher giving more guidance to the discussion in the elementary school. Some problems in group discussion are to encourage each student to feel free to verbalize questions or opinions without fear of being laughed at or criticized, to encourage consideration and courtesy in listening to others, to keep the discussion on the topic, and to make some progress toward conclusions without rushing the discussion.

Panel discussions and forums are suitable to boys and girls of junior high and high school levels. They may choose the question for discussion, do research, work up reports or take notes which they may need for the program. They learn that all viewpoints on the question should be represented; they learn the duties of the moderator and other participants; they learn to follow procedure that has been agreed upon; and they learn to summarize the discussion. Topics which teenagers choose for discussion usually center around their personal interests such as choosing friends, dating, how to dress, smoking and drinking, how to spend their leisure time, and safety on the highway.

A good technique to get participation by the entire group is to divide the large group into small buzz session groups of about six people each, who talk together for about six minutes and then report to the class. Each small group may be assigned a different phase of the topic and report on points they feel are important or questions they wish to ask. Since much health teaching is based on pupils' needs and interests, this is a good technique for discovering interests through reports from the small groups.

Reading In Health Teaching

Next to discussion, reading has perhaps been the most widely used type of experience in teaching. Good health literature is available for all grade levels. In addition to research reading to clarify ideas and expand understandings, there is much material that is not necessarily factual but may include stories, poetry, and drama. These can be read for pleasure and may help build enriching attitudes and understandings. Pupils should be encouraged to read. Attractive health materials should be easily available to them. Teachers should work with the school librarian to plan the use of reading materials on health.

Reporting in Health Teaching

Unless reporting is planned, it may become only a chore for the pupil when he copies something from the book. The pupil should enjoy making reports of meetings, trips, and other experiences. The report may serve to organize and summarize learning experiences. Reporting should have a purpose, and it should be meaningful to the reporter as well as to its recipients.

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Dramatization and Role Playing in Health Teaching

Dramatization appeals to children and youth and can be used in health teaching in different forms in grades K-12. The primary grades may use simple, informal ways to illustrate such situations as safety in crossing the street or to play situations in the family where the child helps mother or father with household chores. From these simple dramatic play types of situations in the early grades, drama may progress to the more formal production of a play written to develop a theme. Pupils sometimes enjoy writing their own plays and producing them. They should be encouraged to use imagination in developing health stories for dramatization, but should use situations which are possible in real life and represent true facts. Dramatizations or literature which represents foods as people are generally considered unsuitable. Fairy stories have their place in literature but are generally not suitable for adaptation to health teaching.



In role playing, a form of dramatization which is usually impromptu and unrehearsed, the pupil learns by putting himself into other people's places and the teacher gets insight into his understanding by seeing him play the roles of these people. The young child likes to play the doctor, the nurse, the fireman. In the high school, pupils may take the parts of the types of adults who usually serve on a health committee or role playing may be used as a tool for seeking the causes and solutions of human relations problems. When the roles of those involved in the situation are talked over first and then enacted by members of the group, pupils are gaining an understanding of the view points of others.

Role playing may be used for other purposes also, including emphasizing situations through

contrast. The situations may be presented in two different ways and then discussed by the group. For instance, such situations might illustrate appropriate and inappropriate choices of clothes for certain weather conditions, behavior in interviewing a local physician or a dentist, or food service in public eating places.

In choosing role playing situations, the teacher should be careful to choose those general enough to fit many people. Volunteers should play the roles. Role playing or some other type of dramatization might be a means of group reporting on a health problem as the culmination of a period of study.

Games and Songs in Health Teaching

Some games and songs serve the dual purpose of bringing pleasure, relaxation, and change of pace to health teaching and of actually giving health concepts at the same time. Health and safety songs can be purchased in record form. Pupils may also enjoy writing their own health jingles to the tunes of familiar songs. Games for exercise out-of-doors and quiet games for relaxation inside offer possibilities for interesting experiences. Teachers of physical education and music should be invited to help plan these activities.

Surveys in Health Teaching

The survey is a means of getting information that may serve as a basis for planning health instruction programs or for recommendations for school and community action on existing problems. The survey should have a definite purpose and should be carefully planned and carried out, with results tabulated and used as a basis for other learning experiences. Surveys may be made by pupils, especially older ones, to get information in which the group is interested and which can help them plan their health activities. They may be made by teachers or other adults to determine health needs and interests of pupils.

High school pupils may make a community survey to determine the health services or recreational facilities available for different age groups. They may send out an opinionnaire on fluoridation of the public water supply. They may check safety hazards in and around their own homes or at school. Methods of making the survey may include the written questionnaire, planned questions asked orally to a group, a person-to-person canvas of a group, or others. Information

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may be presented pictorially in charts, graphs, or in other ways to bring out the conclusions.

Field Trips in Health Teaching

Trips to the food store, dairy, pasteurization plant, sewage disposal plant, city water works, health department, and around the community can open a whole new world. Field trips provide experiences with individual, school, and community health and safety programs and projects that cannot be brought into the classroom. They bring pupils into direct contact with existing health and safety conditions affecting the lives of the people in the community. The community becomes a practical working laboratory through which health instruction becomes interesting and meaningful, when the school program is related to real life situations in the outside world. Field trips must be carefully planned on a school-wide, as well as classroom basis. They should be fitted into the general school plan so that pupils do not repeat the same types of trips year after year. Precautions for safety and standards for desirable behavior on the trip are a vital part of planning.

The high school class studying "Family and Community Health" may find any number of trips profitable. They may go in groups or singly with individuals reporting to the group on their experiences. It may be possible to arrange that some members of the public health department staff take one or two high school pupils to observe their work for a day. Many phases of health and safety education can be studied effectively in school facilities and buildings. These include potential hazards in the school buildings, playground, and athletic field; traffic near the school; fire safety in the school; sanitation in the general care of the building and school cafeteria; lighting in classrooms, halls, and in other areas; the heating system; the water supply; sanitation and care of washrooms; safety in pupil transportation and school buses. In some elementary grades, committees plan check sheets on some phase of health or safety in the school environment and work as committees to find data. They sometimes invite the county sanitarian to serve as a resource person to make some parts of the tour of the school plant with them.

Experiments and Demonstrations in Health Teaching

Experiments or demonstrations of experiments are useful in showing how things are done. Some

may involve technical skill, but many are simple and can be conducted with inexpensive materials. The health classroom should be equipped with materials and facilities for carrying out health experiments and demonstrations. A demonstration in health may sometimes be used to introduce a unit, to suggest the problem that is to be studied, and to create interest. The teacher frequently performs the experiment as a demonstration to the class. Pupils may give demonstrations to illustrate individual or group work on some phase of health. Demonstrations, like trips, should be planned school-wide so as to avoid repetition from year to year.

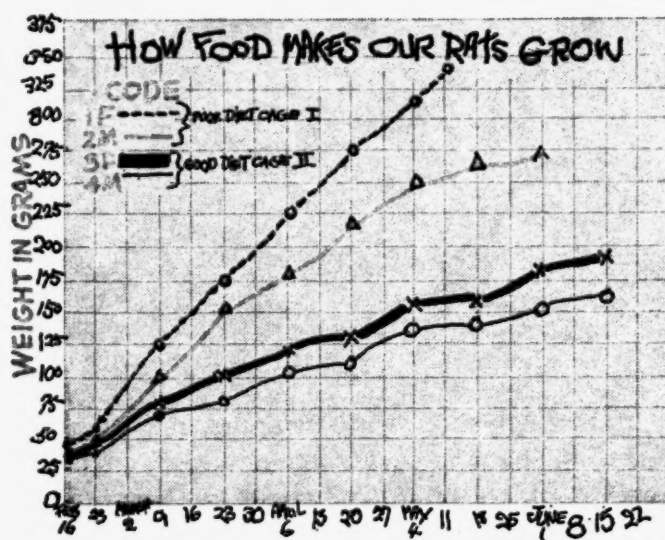


Experiments or demonstrations might include use of balloons to show breathing; use of different types of fire fighting equipment to show methods of extinguishing fires; different safety methods in crossing streets and other areas; use of a light meter in determining whether lighting is adequate; use of materials in the first aid kit; first aid procedures, such as bandaging, splinting, artificial respiration; simple food tests for starch, fat, proteins, mineral content, or water; use of filters made with a box of layers of sand, gravel, and rock to show filtration of water; treatment of swamp water with chlorine, with examinations under the microscope before and after to demonstrate destroying bacteria by chemical means; demonstration of food intake by putting some plants or flowers in colored water to show how they take in the water as demonstrated by evidence of changed color in plant; vision screening with Snellen Eye Chart; audiometric hearing test; use of white rats, hamsters, guinea pigs, or chickens in feeding experiments to show the effects of good and poor diets.

Suggested Procedures in Using Materials and Resources in Health Teaching

As procedures are developed, materials and other resources become an indispensable part of these procedures. Materials and resources are used in the process of developing the various types of procedures, and materials are frequently an end-product of the procedures when developed by pupils taking part in the activity. Some of the most often used are charts, models, and graphs; posters, bulletin boards, and exhibits; notebooks; films; and resource people.

Charts, Models, and Graphs in Health Teaching



Charts, models, and graphs can be very effective health education tools when used separately or in combination with other visual aids. Charts are often used with models in explaining such things as parts of the human body. The chart gives the preliminary information on the flat surface, perhaps with diagrams and labels for the parts illustrated. The model, which can usually be taken apart, can be used in later stages of the lesson to show what the parts actually look like and how they appear in relationship to other parts. Models from commercial sources are often expensive. Modeling clay can be used by teachers and pupils to make simple models. Pupils frequently show great ingenuity in developing models and in selecting materials for making them. Models in such areas as sanitation might include a septic tank made to scale or a water filtering device.

Older pupils usually enjoy graphs when they understand how to make and interpret them.

Graphs are useful in illustrating data on subjects showing change over a period of time, such as individual growth in height and weight. Data tabulated from school health records and interpreted on graphs can be used to show general physical health needs and trends among pupils. In tabulating these data, however, teachers should treat information from individual records as strictly confidential. The tabulated summaries can be the basis for planning some phases of the health instruction program, perhaps for the choice of the problem important enough to be the center of health study for the entire school for a time.

Posters, Bulletin Boards, and Exhibits in Health Teaching

Some pupils enjoy making pictures and building exhibits to express their ideas on health. These, like most other forms of visual aids, are most valuable when they express the original ideas of the pupils who work on them individually or in groups. The exhibit may be used to display the work of pupils when a health unit is completed. Posters, bulletin boards displays, or exhibits may be used to create interest at the beginning of a unit of study or to provide information at any time. For instance, an attractive display of interesting health literature in the school library or in the health classroom encourages pupils to use these sources of information.

These visual aids should focus on ideas to be presented and arranged so as not to give a cluttered effect. When used for display purposes, posters, exhibits, and bulletin boards should be changed frequently.

Notebooks in Health Teaching

Notebooks can be used for recording data collected in reading, on trips, or during interviews. A notebook or scrapbook may include clippings of health news items, sample materials, or other such items. Pupils should not be encouraged to cut pictures out of health pamphlets and books, however, to paste in health notebooks. Notebooks can serve as a rich storehouse of information, useful and interesting to the owner. A health notebook should never become "busy-work," nor a distasteful chore, taking the time of the pupil without giving worthwhile returns. Notebooks, like homes, should look "lived in." Occasionally, a notebook may be developed for display purposes and may be planned to attract attention.

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Films, Filmstrips, and Slides in Health Teaching

Films should be used only as a part of the on-going instruction program. They should be shown at a time when they will take pupils another step farther along in their learning of the subject at hand, whether that subject be a phase of the planned unit of study or preparation for a special



event like an immunization clinic. Films should be carefully selected for the desired purpose. They should be previewed before showing and plans should be made for the film program.

Health films should not be shown indiscriminately. They should be secured from reliable sources. Health information in films used in schools must be authoritative, suitable to the maturity level of the pupils and to the subject for discussion, and acceptable to the community.

Film strips and slides may be used in much the same way as films, especially commercial ones which are accompanied by a record for sound or a teacher's guide for dialogue. Slides offer the advantage that a picture can be held for questions and additional explanation. High school pupils can make their own slides to illustrate a project or a field trip in the community.

Educational Television

Television, like motion pictures, appeals to several senses and tends to capture the attention of its audience. If used wisely, it has great potential as a supplementary teaching tool, though it should not be substituted for good classroom teaching. It should be regarded as one of the audio visual aids to be used when it can best contribute to

health teaching and when it meets educational needs better than other available media.

Educational television can lend support to teachers by bringing resource people to the classroom. It can stimulate interest in special areas like alcohol education or other "hard to teach" subjects through special programs from other schools or from state or national levels. Through demonstration of suggested teaching techniques, educational television can be used for in-service education programs for teachers.

Resource Persons in Health Teaching



Resource persons may sometimes be invited to the class to work with the students on special topics. This type of experience is especially suitable for the eleventh or twelfth grade course on "Family and Community Health," though it may be used in other grades also. A member of the health department might be invited to discuss health services. A physician might talk about growth and development. The school nurse might discuss a health service planned for the school. In the opinion of some authorities, it is better for the consultant to give information to the teacher and for the teacher to teach it to the class. Resource persons who are not familiar with teaching methods sometimes find it difficult to use the simple language understandable to children and youth or they may not "translate" the technical terms of their professions into everyday terms. On the other hand, a new face lends variety to the classroom and pupils usually respect the health specialist as an authority. The resource person should know his subject, have a personality that will appeal to his audience, and be able to use methods that will be interesting and understandable to the group.

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Evaluation of Health Teaching

In evaluating health teaching, administrators and teachers want to know to what extent health objectives have been achieved and to what extent pupils have gained knowledge and developed attitudes necessary for following good health practices. Appraisal of learning in health teaching is concerned with the school's entire health teaching program and also with learning by classes and individual pupils.

Evaluation of the over-all program would be concerned with the degree of success in meeting such problems as methods of planning and coordinating the elementary and secondary school program; provision of classroom space, facilities, equipment, and materials of health instruction; scheduling health; and securing qualified health teachers. Evaluation of learning by classes and individuals should be concerned with such problems as progress toward health goals; effectiveness of teaching methods; the extent of learning as evidenced by health knowledge, attitudes, and behavior.

Individual teachers or school health committees might find it profitable to make an evaluation form for estimating progress. For the most accurate evaluation, questions should be objective. However, important learning such as changes in attitude is difficult to measure in objective ways. In addition to evaluation forms developed by individual teachers or school health committees, there are published instruments for measuring health knowledge, attitudes, and behavior.¹² Still others are included in textbooks, work books, and teachers' manuals.

The most effective means of evaluation is to build a plan of evaluation into the planning stage. For evaluation of class and individual learning, teacher and pupils will together plan and agree upon the outcomes desired. If these are clear and specific, ways to measure the success being achieved will not be too difficult.

When selecting the teaching unit, make a definite check as to knowledge and attitudes of pupils before the teaching begins. This will be the base against which progress can be measured. Records should be kept from the beginning and checks should be made periodically. When units or projects involve others than those in a single class, all those concerned should be included in the planning and the periodic evaluations. Questionnaires

or tests which measure information or attitudes may be used before and again after a unit to evaluate progress made.

Although most people tend to mistrust subjective appraisals, teacher observation can be quite objective and valuable in evaluating changes in habits and attitudes. Records of such observations are important and anecdotal records over a period of time are most illuminating. Health records and reports and attendance records contain a world of information which may be analyzed for trends and changes. Written work by pupils gives a real insight into the understandings and attitudes of the pupils.

Periodic surveys, check lists, or questionnaires reveal progress or lack of it. Personal interviews with pupils and parents are effective means of evaluation. Class discussions are effective both as learning experiences and reports on progress. Self-evaluation by the pupil is possibly the most important method of showing individual progress. Such evaluations should be for the individual, not for comparison with others, and should not be tied in with contests and prizes.

The objectives toward which to work during school years for the development of the mature individual in personal health, family health, and community health should serve as the ideal measure against which progress can be evaluated (Chapter III, "Objectives of Health Teaching"). To what extent have these ideal goals been adapted to individual and grade level needs? To what extent have pupils at each grade level improved in learning? To what extent have high school graduates reached the established health objectives?

In very simple form, Dr. Ruth Strang, in the *Journal of Health, Physical Education and Recreation* of the American Association for Health, Physical Education and Recreation, says the six steps of learning health are:

- "1. Know what is the healthful thing to do.
2. Know why it is important to do it.
3. Want to do it.
4. Know just how to do it.
5. Do it.
6. Get satisfaction from doing it."

In evaluating his teaching, the teacher of health should ask himself whether or not he has followed these steps in helping his pupils to gain health knowledge and to translate that knowledge into healthful living.

¹² Solledger, M. K.: "Evaluation Instrument in Health Education", *Journal of Health, Physical Education and Recreation* 32, Nov. 1961.

Chapter V

MATERIALS AND RESOURCES FOR HEALTH TEACHING

GRADES K-12

Adequate and suitable materials and resources are important to effective health instruction. Types of materials and resources needed in health, as in other areas of the curriculum, may include the following:

1. *Printed materials* such as books, magazines and newspapers, pamphlets, and clippings.
2. *Audio-visual materials* such as films, filmstrips, slides, radio and television programs, recordings and transcriptions, maps, pictures, diagrams, charts, graphs, posters, models, specimens, objects, flannel board and bulletin board displays.
3. *Community resources* such as people, business and industry, government agencies, organizations and institutions, places, materials at hand.



Materials and resources of these types are available in great variety for teachers and for pupils. The school librarian, the school health coordinator, or some other person designated by the school administrator can be of great help to teachers in building up a health materials center in the school library or in another central

source. Teachers and pupils can contribute to this center as well as use materials from it.

Of the wealth of materials prepared and offered to schools today, many are free or inexpensive. Some free or inexpensive materials are available from commercial companies. These usually carry the name of the company and the product advertised. Materials from commercial companies are not recommended for school use when the products of the sponsoring agency are harmful to children. The advertising should be in good taste with the product of the company not overly nor solely emphasized. Some of these materials are very good, technically well done, educationally sound, and artistically executed. They should be carefully evaluated in terms of the job to be done and the suitability to those using them before they are placed in the school materials center or before they are used in class. Free or inexpensive materials are also available from many other sources. All materials should come from reliable sources such as those recommended in this guide and by people designated to give this type of information. Even when materials are secured from reliable sources, they should be evaluated for specific uses. For example, some reliable sources publish materials for adults only. Some of these materials are excellent for teachers and other adults but are totally unsuited for children who may not have the background nor experience to understand them. In some instances, films or other materials produced for adults can actually frighten children. This is especially true of materials about diseases. Health materials for children should present the positive rather than the negative approach. Educators, with their knowledge of child growth and development and of special school and community health needs, must select materials that can be used most effectively in challenging their pupils to develop good health practices and attitudes.

Where to Find Help

Criteria for Selecting Materials

In reviewing and evaluating any material, suggested questions which may be helpful are:

1. Does it help to accomplish your purpose?
2. Is it designed for instruction?
3. Is the material suitable in content, sentence structure, vocabulary, appeal to the maturity level of individuals using it?
4. Is the source of the material recognized as a reliable source of health information?
5. Is the information authentic, up-to-date, and accurate?



6. Is the material organized and presented in a clear and interesting way?
7. Does it cover the subject impartially? Is it free from propaganda and fear psychology?
8. Are the physical qualifications satisfactory, including such items as size of print, illustrations, photography, and sound in the case of films, records, and transcriptions?
9. In free and inexpensive materials from commercial sources, are the products of the sponsoring companies harmful to children? Is the advertising in good taste?

The Health Textbook

The health textbook is the most frequently used source of information for health teaching. South Carolina school systems have a choice of several state-adopted texts. The same criteria for materials in general may be applied to selecting textbooks, with some slight variations. Informa-

tion, methods, and other characteristics of the health text should be based on sound principles of child growth and development. The authors should be authorities in this area, as well as in health content and in methods of teaching. The health content of the books should be understandable, practical, and interesting to pupils at the grade levels for which they are designed. In addition, the series should show progression from one grade level to another so as to make a well organized plan for the series. The use of multi-texts, rather than a single text, should be considered as well as texts on varying levels.

Teachers' manuals or guide books and supplementary materials accompanying the textbooks should be of value in giving practical suggestions for teaching and in listing supplementary materials for teachers and pupils. The textbook should also be suitable to the needs of the particular child, school, and community for which it is adopted.

Sources of Materials and Other Health Education Resources

Among the reliable sources of materials of instruction and information on health are government agencies, voluntary agencies, and professional organizations. Included in this chapter is a list of some of these organizations that serve as health education resources to schools.

In addition to this listing of agencies, a selected list of materials available from these groups, as well as from some of the industrial corporations and businesses, is published and distributed to schools by the South Carolina State Department of Education as a supplement to this guide.

This *List of Selected References in Health for South Carolina Schools* is accompanied by two other supplements. One of these, *Health Services of Some South Carolina Agencies*, developed by the agencies described, explains briefly the health services of these agencies. The other supplement, *Examples of Successful Health Teaching in South Carolina Schools*, contains descriptions by South Carolina teachers of successful experiences in teaching health.

Other materials on health and related subjects developed by the State Department of Education and cooperating organizations include *Complete List of Adopted Textbooks for Use in South Carolina Public Schools*; *List of Books for Elementary School Libraries of South Carolina*; *List*

Where to Find Help

of Books for Junior and Senior High School Libraries of South Carolina; Recommended Procedure for Emergency Care of Sickness and Accidents Occurring at School; South Carolina Cumulative School Health Record—Manual for Use of the Record; South Carolina School Health Service Unit with Suggested Plans; Story of Alcohol—A Handbook for Teachers; The Nurse in the South Carolina School Health Program; Guide for the Teaching of Physical Education, Grades 1-6; and Guide for the Teaching of Physical Education, Grades 7-12; Directory of Services for Children and Youth, South Carolina; Educational Films, Audio-Visual Library.

Other similar resource materials of this type to be published in the future by the State Department of Education will be announced as they become available to schools.

The State Department of Education offers other services in health education, including consultant services in planning and coordinating the over-all school health program, improving health instruction, assisting in in-service education of teachers, and developing and providing materials in the areas of health services and healthful environment.

Each agency listed in this chapter offers, among other services, some resources in health education. The services vary with the functions of the organization. Health education resources frequently include literature, films, consultant services of health specialists for planning programs, and speakers for meetings. Some agencies develop and distribute educational materials on a wide range of health subjects. Others restrict their materials to one phase of health related to the main purpose of the organization.

Some offer materials free of charge; others charge a small fee. Most of these organizations have catalogues or lists of their materials which can be secured on request. These catalogues may be very helpful guides in requesting materials. Since materials from many of these sources are designed for specific purposes and for special groups, they must be carefully selected if they are to be used to good advantage in the schools.

Requests for materials will be answered more promptly and efficiently if the following suggestions are carried out.

1. Request a catalogue or listing of materials and order items by title and other catalogue identification, if such a catalogue or listing is available to schools.

2. When a catalogue or listing is not available, be as specific as possible in explaining the type of information desired.
3. Give the area or areas and the general type of materials desired.
4. Give the age group to be served.
5. Give the number of copies requested or the number of people in the group to be served.
6. Explain very briefly the purpose of the request.
7. Order materials from local representatives of organizations when available; otherwise order from the state or national organization.
8. Send only one request letter for the entire group.

List of Resources for Health Teaching

I. HEALTH RESOURCES FROM GOVERNMENT AGENCIES

Many government agencies offer some type of health education service related to their special functions in government. Some are organized for the specific purpose of giving health services, including health education. Some of the government agencies listed by local, county, state, and national levels are:

(1) Education

Local School District

County Department of Education

South Carolina State Department of
Education

Rutledge Building
Columbia, South Carolina 29201

U. S. Department of Health, Education,
and Welfare

Office of Education
Washington, D. C. 20201

(2) State Supported Schools (with Special Health Services)

South Carolina School for Deaf and Blind
(Grades 1-12)

Spartanburg, South Carolina 29302

Whitten Village (Grades 1-7)
Clinton, South Carolina 29325

Where to Find Help

Pineland (Ungraded)
Columbia, South Carolina 29202

South Carolina Convalescent Home for
Crippled Children
Florence, South Carolina 29501

(3) *State Supported Colleges and Universities*

The Citadel
Charleston, South Carolina 29409

Clemson University
Clemson, South Carolina 29631

Medical College of South Carolina
Charleston, South Carolina 29401

South Carolina State College
Orangeburg, South Carolina 29115

Winthrop College
Rock Hill, South Carolina 29730

University of South Carolina
Columbia, South Carolina 29208

(4) *Public Health*

City Health Department (in some South
Carolina cities)

County Health Department

South Carolina State Board of Health
J. Marion Sims Building
Columbia, South Carolina 29201

U. S. Department of Health, Education,
and Welfare
Public Health Service
National Communicable Disease Center
Atlanta, Georgia 30333

U. S. Department of Health, Education,
and Welfare
Public Health Service
Washington, D. C. 20201

Children's Bureau of South Carolina
1001 Main Street, Room 101
Columbia, South Carolina 29201

U. S. Department of Health, Education,
and Welfare
Children's Bureau
Washington, D. C. 20201

World Health Organization
Geneva, Switzerland

(5) *Mental Health*

Aiken County Mental Health Center
104 Florence Street, S. W.
Aiken, South Carolina 29801

Anderson-Oconee-Pickens Mental Health
Center
1501 N. Main Street
P. O. Box 707
Anderson, South Carolina 29621

Beckman Center for Mental Health Serv-
ices
Corner Phoenix and Alexander Streets
Greenwood, South Carolina 29647

Charleston County Mental Health Clinic
275 Calhoun Street
Charleston, South Carolina 29401

Coastal Empire Mental Health Center
P. O. Box 610
Beaufort, South Carolina 29902

Georgetown-Horry-Williamsburg Mental
Health Clinic
706 Laurel Street
P. O. Box 764
Conway, South Carolina 29526
and

106 Screven Street
Georgetown, South Carolina 29440

Greenville Area Mental Health Center
600 County Office Building
Greenville, South Carolina 29601

Pee Dee Mental Health Center
Route 2, Box 375-A
Florence, South Carolina 29501

Richland-Lexington Mental Health Center
1845 Assembly Street
Columbia, South Carolina 29201

Spartanburg Area Mental Health Clinic
149 E. Wood Street
Spartanburg, South Carolina 29303

Sumter-Clarendon-Kershaw Mental Health
Center
19 E. Calhoun Street
Box 1486
Sumter, South Carolina 29151

Tri-County Mental Health Center
The Whitner Building
114 S. Marlboro Street
Bennettsville, South Carolina 29512

Where to Find Help

York-Chester-Lancaster Mental Health
Center
1051 Oakland Avenue
Rock Hill, South Carolina 29732

South Carolina Department of Mental
Health
Mental Health Education Unit
2214 Bull Street
Columbia, South Carolina 29201

(6) *Visually Handicapped*

South Carolina Commission for the Blind
1400 Main Street
Columbia, South Carolina 29201

(7) *Alcohol and Alcoholism*

South Carolina Commission on Alcoholism
1429 Senate Street, Rutledge Building
Room 1104
Columbia, South Carolina 29201

(8) *Agriculture*

County Agriculture Extension Service
County Agent Leader
Home Demonstration Agent

Cooperative Extension Service of Clemson
University
Clemson University
Clemson, South Carolina 29631

South Carolina Agricultural Experiment
Station
Food Technology and Human Nutrition
Department
Clemson University
Clemson, South Carolina 29631

Federal Extension Service
U. S. Department of Agriculture
Washington, D. C. 20250

South Carolina Department of Agriculture
Wade Hampton State Office Building
Columbia, South Carolina 29201

U. S. Department of Agriculture
Washington, D.C. 20250

Consumer and Marketing Service
Consumer Food Programs
U. S. Department of Agriculture
Washington, D. C. 20250

Institute of Home Economics
Agricultural Research Service
U. S. Department of Agriculture
Washington, D. C. 20250

(9) *Highway*

South Carolina State Highway Department
Director, Public Relations
1100 Senate Street
Columbia, South Carolina 29201

(10) *Civil Defense*

County Civil Defense Agency
The South Carolina Civil Defense Agency
Rutledge Building
Columbia, South Carolina 29201

Director Department of the Army
Office of Civil Defense
Region III
Thomasville, Georgia 31792

Director of Civil Defense
Department of the Army
Office of the Secretary of the Army
Office of Civil Defense
Washington, D. C. 20310

(11) *Parks and Recreation*

South Carolina Forestry Commission
5500 Broad River Road
Columbia, South Carolina 29210

(12) *Vocational Rehabilitation*

South Carolina Vocational Rehabilitation
Department
400 Wade Hampton State Office Building
Columbia, South Carolina 29201

U. S. Department of Health, Education,
and Welfare
Social and Rehabilitation Service
Rehabilitation Services Administration
Washington, D. C. 20201

(13) *Welfare*

County Department of Public Welfare
South Carolina State Department of Public
Welfare
P. O. Box 1520
Columbia, South Carolina 29202

Where to Find Help

U. S. Department of Health, Education,
and Welfare
Social and Rehabilitation Service
Assistance Payments Administration
Washington, D. C. 20201

(14) Other

Superintendent of Documents
U. S. Government Printing Office
Washington, D. C. 20402

II. HEALTH RESOURCES FROM VOLUN- TARY HEALTH AGENCIES

Most voluntary health agencies have been organized to meet a special health need. As health problems arise, additional societies and associations will be organized to attack these problems; and also as problems are solved, some of these groups may be discontinued or changed. Many are organized on county, state, and national levels. They depend on voluntary contributions from the public to carry on their program of services, which include development and distribution of materials and consultant services in education related to their specific areas of health. Some voluntary health agencies have assisted with health education workshops and other types of in-service education for teachers. Some have worked with educators in developing materials for school use and in assembling packets of materials especially evaluated for school use. Many of their materials, however, are prepared for adults—teachers, parents, administrators—but not for school children, and they should be screened for school purposes.

Most of these agencies prefer to have requests for materials through their local representatives when possible. Some of the voluntary health agencies listed on county, state, and national levels are:

(1) American Speech and Hearing Society
9030 Old Georgetown Road
Washington, D. C. 20014

(2) Local Red Cross Chapters
American National Red Cross
Field Service
1955 Monroe Drive, N. E.
Atlanta, Georgia 30324

(3) American Social Health Association
1740 Broadway
New York, New York 10019

(4) County Tuberculosis Association

South Carolina Tuberculosis Association
2306 Devine Street
Columbia, South Carolina 29205

National Tuberculosis Association
1740 Broadway
New York, New York 10019

(5) County Units (46) American Cancer Society

South Carolina Division, Inc.
American Cancer Society
401 Columbia Building
Columbia, South Carolina 29201

American Cancer Society
219 East 42nd Street
New York, New York 10017

(6) South Carolina Society for Crippled Chil- dren and Adults, Inc.

1517 Laurel Street
Columbia, South Carolina 29201

National Society for Crippled Children
and Adults, Inc.
2023 W. Ogden Street
Chicago, Illinois 60612

(7) Muscular Dystrophy Association

1224 Pickens Street, Room 203
Columbia, South Carolina 29201

Muscular Dystrophy Association of
America
21 E. 40th Street
New York, New York 10016

(8) South Carolina Association for Retarded Children

P. O. Box 1564
Columbia, South Carolina 29202

National Association for Retarded
Children
99 University Place
New York, New York 10003

(9) National Cystic Fibrosis Research Foun- dation

521 Fifth Avenue
New York, New York 10017

(10) National Epilepsy League

130 N. Wells
Chicago, Illinois 60606

Where to Find Help

- (11) National Multiple Sclerosis Society
270 Park Avenue
New York, New York 10010
- (12) National Society for the Prevention of
Blindness
79 Madison Avenue
New York, New York 10016
- (13) South Carolina Heart Association, Inc.
533 Harden Street
Columbia, South Carolina 29205

American Heart Association
44 E. 23rd Street
New York, New York 10010
- (14) South Carolina Mental Health Association
2131 Devine Street
Columbia, South Carolina 29205

National Association for Mental Health
10 Columbus Circle
New York, New York 10019
- (15) The Arthritis Foundation
South Carolina Chapter
2230 Devine Street
Columbia, South Carolina 29205

The Arthritis Foundation
1212 Avenue of the Americas
New York, New York 10036
- (16) The National Foundation—March of
Dimes
1310 Lady Street, Room 915
Columbia, South Carolina 29201

The National Foundation
800 Second Avenue
New York, New York 10017
- (17) United Cerebral Palsy Association, Inc.
321 W. 44th Street
New York, New York 10036

III. HEALTH RESOURCES FROM PROFESSIONAL SOCIETIES AND ASSOCIATIONS

Societies and associations of professional groups, especially at the national level, offer some health education services. Some of these groups work through committees to develop books or pamphlets on various phases of health, usually revised periodically. These books are available from the national source. Some of the state and local groups have materials on health careers and

other subjects. Some of these groups listed on the local, county, state, and national levels are:

(1) Education

South Carolina Association for Health,
Physical Education, and Recreation
c/o South Carolina Education Association
P. O. Box 1461
Columbia, South Carolina 29202

American Association for Health, Physical
Education, and Recreation
1201 Sixteenth Street, N. W.
Washington, D. C. 20036

South Carolina Education Association
P. O. Box 1461
Columbia, South Carolina 29201

National Education Association
1201 Sixteenth Street, N. W.
Washington, D. C. 20036

Association for Childhood Education International
3615 Wisconsin Avenue, N. W.
Washington, D. C. 20016

American School Health Association
Kent State University
Kent, Ohio 44240

S. C. Congress of Parents and Teachers,
Inc.
1826 Henderson Street
Columbia, South Carolina 29201

American Home Economics Association
1600 Twentieth Street, N. W.
Washington, D. C. 20009

American Dietetic Association
620 N. Michigan Avenue
Chicago, Illinois 60611

(2) Health

Family Physician

Local Medical Society

Executive Secretary
South Carolina Medical Association
113 North Coit Street
Florence, South Carolina 29501

American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610

Where to Find Help

Family Dentist

South Carolina Dental Association
1506 Gregg Street
Columbia, South Carolina 29201

American Dental Association
211 East Chicago Avenue
Division of Dental Health Education
Chicago, Illinois 60611

South Carolina Public Health Association
State Board of Health
J. Marion Sims Building
Columbia, South Carolina 29201

American Public Health Association
1740 Broadway
New York, New York 10019

South Carolina Nurses Association
1301 Hampton Street
Columbia, South Carolina 29201

American Nurses Association
10 Columbus Circle
New York, New York 10019

South Carolina League for Nursing
c/o South Carolina Nurses Association
1301 Hampton Street
Columbia, South Carolina 29201

National League for Nursing
10 Columbus Circle
New York, New York 10019

South Carolina Hospital Association
1825 Gadsden Street
Columbia, South Carolina 29201

American Hospital Association
18 East Division Street
Chicago, Illinois 60610

South Carolina Occupational Therapy Association
c/o S. C. State Board of Health
J. Marion Sims Building
Columbia, South Carolina 29201

American Occupational Therapy Association
251 Park Avenue South
New York, New York 10010

(3) Safety

South Carolina Traffic Safety Council, Inc.
527 Palmetto State Life Insurance Building
Columbia, South Carolina 29201

National Safety Council
425 North Michigan
Chicago, Illinois 60611

